

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Erwan Aldridge* Town *Goodville* County *Frederick* MARYLAND

Died at *Goodville* Month *Jan* Day *15* Years *69* Months *11* Day *16*

Date of death *1940* Sex *Male* Color or Race *white* Birth-place *Ind*

Occupation *Farmer* Where Raiding if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Ellen Ensey*

Father's Name *Oliver P Aldridge* Father's Birthplace *Ind*

Mother's Maiden Name *Bessie Spurrer* Mother's Birthplace *Ind*

Name of person giving Information *Warren Le Aldridge* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

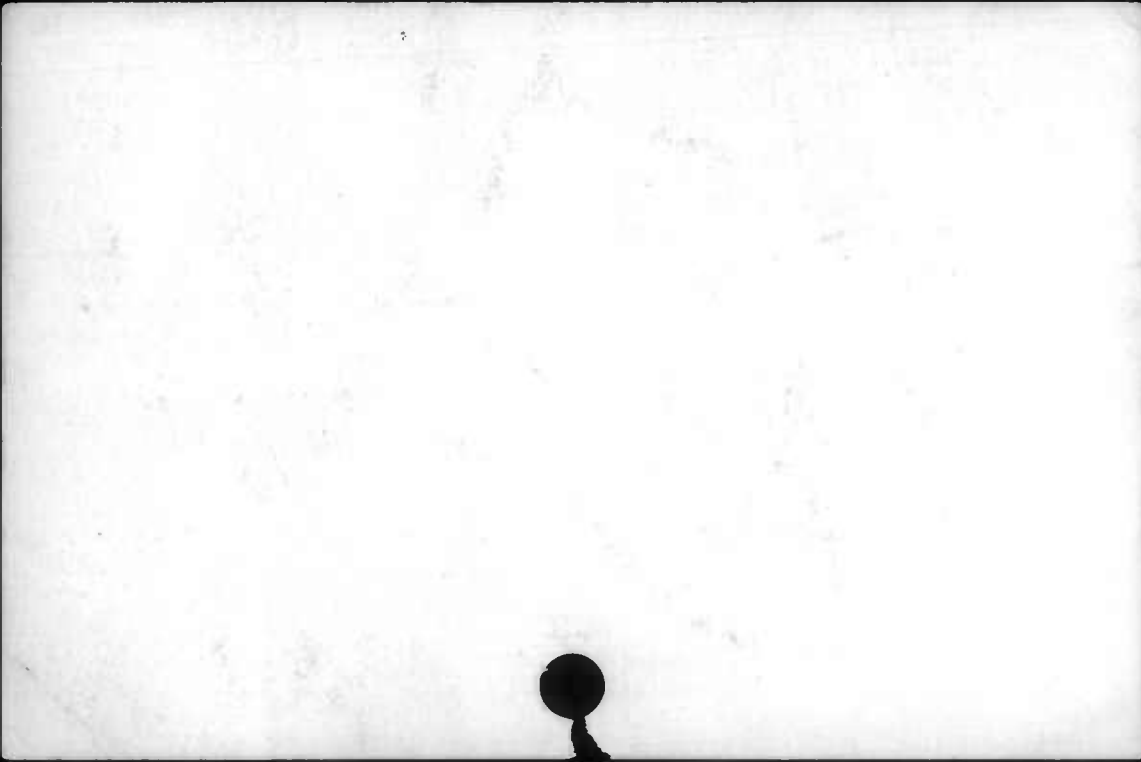
Primary *Tuberculosis* How long *28* years

Immediate *Hemorrhage* How long *28* years

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *M. S. Pearre* Address *Unionville Md.*

Accident or Suicide ☒



Name
in
Full

Rachel Catherine Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Middleton ^{County} Prick **MARYLAND**

Date of death 1900 ^{Month} 1 ^{Day} 31 Age ^{Years} 22 ^{Months} 19 ^{Days}

Sex Female Color or Race Caucasian Birth-place Va

Occupation Housewife Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband John H. Alexander

Father's Name John Waldick Father's Birthplace md

Mother's Maiden Name Sarah Cogo Mother's Birthplace Va

Name of person giving Information A. J. Waldick How related to deceased Sister

CAUSES OF DEATH

93 X

PHYSICIAN
OR CORONER

Primary Pneumonia How long 1 wk.

Immediate Failure of respiration How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geo. J. Foster, M.D.

Address Burkeville, Ky

Accident or Suicide 8



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Martin Balesak Town State Sanatorium County Frederick MARYLAND

Died at State Sanatorium

Date of death 1900 Month Jan Day 27 Age 23 Years 11 Months 3 Days

Sex Male Color or Race White Birth-place Hungary

Occupation Theological Student Where Residing if not at place of death Ind. Tubercular Sanatorium

~~Married, Single~~ Name of Wife or Husband _____

Father's Name Andrew Balesak Father's Birthplace Hungary

Mother's Maiden Name Mary Lybak Mother's Birthplace Hungary

Name of person giving information Dr. Hengere How related to deceased Uncle

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis How long 7 mos

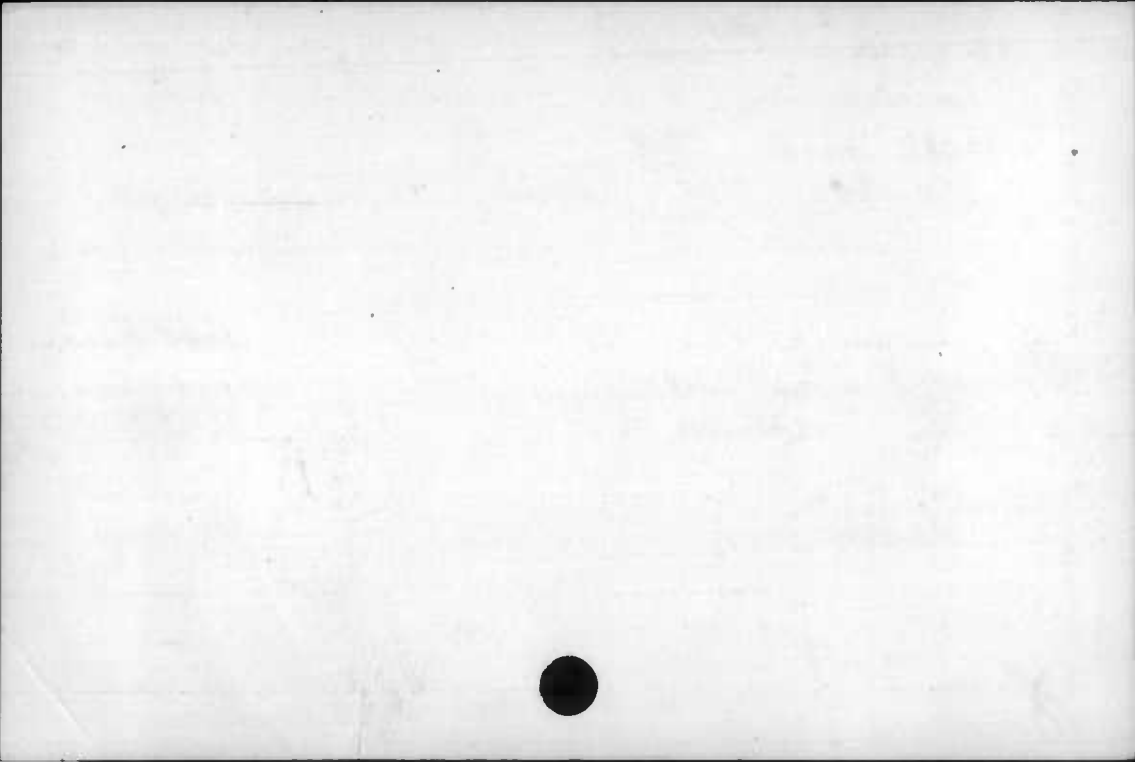
Immediate Acute Pulmonary infection How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. B. Garrison M.D.

Address State Sanatorium
Frederick Co

Accident or Suicide? 0



Name
in
Full

Viola Bealle

No. 2
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} *New Market* ^{County} *Frederick* **MARYLAND**

Date of death 19*00* ^{Month} *Jan* ^{Day} *25* Age ^{Years} *15* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Park Mills*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Levin Bealle* Father's Birthplace *Don't Know*

Mother's Maiden Name *Rebecca Medaury* Mother's Birthplace *Park Mills*

Name of person giving Information *Frederick R. Bealle* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* ^{How long} *1 year*

Immediate ^{How long}

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins M.D.

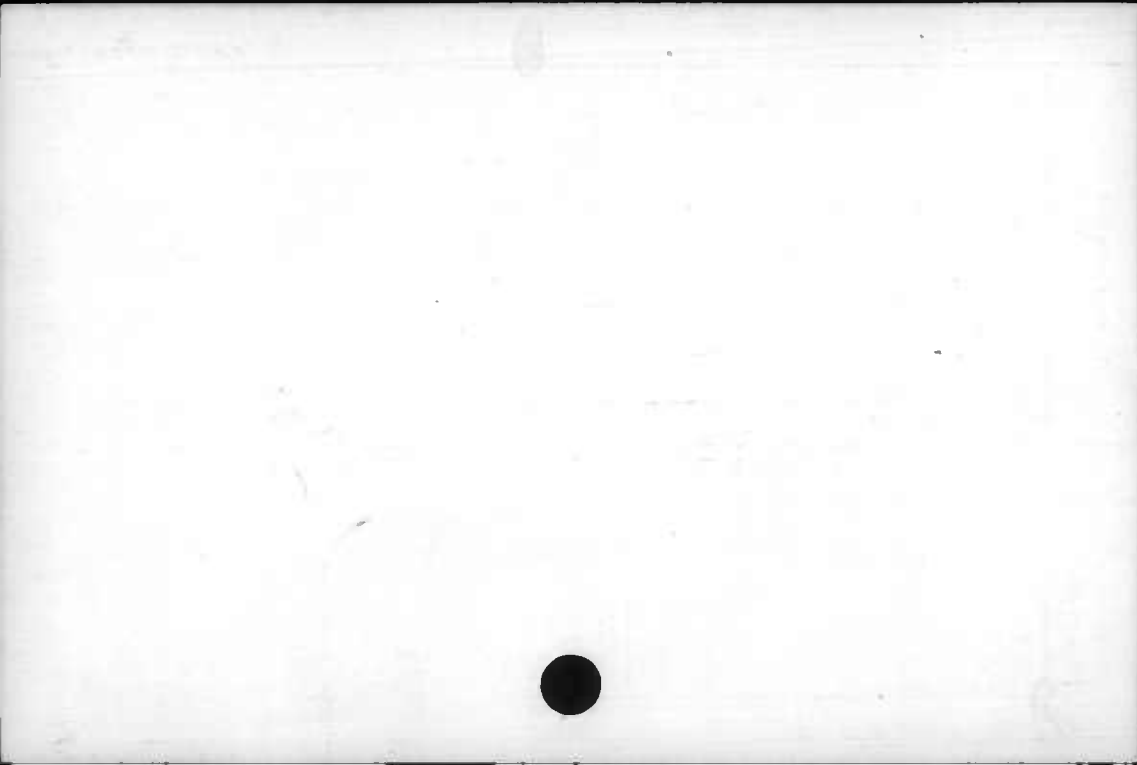
New Market

Fredk. Co. Md

Address

Accident or Suicide

no



Name
in
Full

Eliza Brown

CERTIFICATE OF DEATH

Town

County

Died at Mountaine Hotel Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1900

1

23

Age

80

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

House Wife

Where Residing if not
at place of death

Frederick

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Henry Brown

Father's
Name

John Saunders

Father's
Birthplace

Maryland

Mother's
Maiden Name

Henrietta Johnson

Mother's
Birthplace

11

Name of person giving
Information

Mary Fletcher

How related
to deceased

Sister

CAUSES OF DEATH

154

Primary

Senility

How long

Several yrs

Immediate

Exhaustion

How long

month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. G. Bourne M.D.

Address

Frederick

MD

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Jan 26 - 18

" at Greenmount Cem.

Thomas R. Rice F.D.

Dr Bourne

Dr Goodell

Dr McCreedy

Name
in
Full

CERTIFICATE OF DEATH

Abraham Buttes

Town

County

MARYLAND

Died at *Fredericks**Fredericks*Date
of death 1900

Month

1

Day

9

Age

Years

65

Months

Days

Sex
Occupation

Male

Color or
Race

Black

Birth-
place

Fredericks

Coal Cart Driver

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Minnie Powell

Father's
Name

Charles Buttes

Father's
Birthplace

Maryland

Mother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
Information

Henry Frazier

How related
to deceased

Friend

CAUSES OF DEATH

Primary

Bilateral Pneumonia

How long

4 days

Immediate

Exhaustion

How long

Several

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. G. Bourne M.D.

Address

Frederick,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment Jan 11, 1910

" at St John's Cemetery

Thomas P. Rice F.A.D.

W. Bourne

W. M. Cundy

Name
in
Full

CERTIFICATE OF DEATH

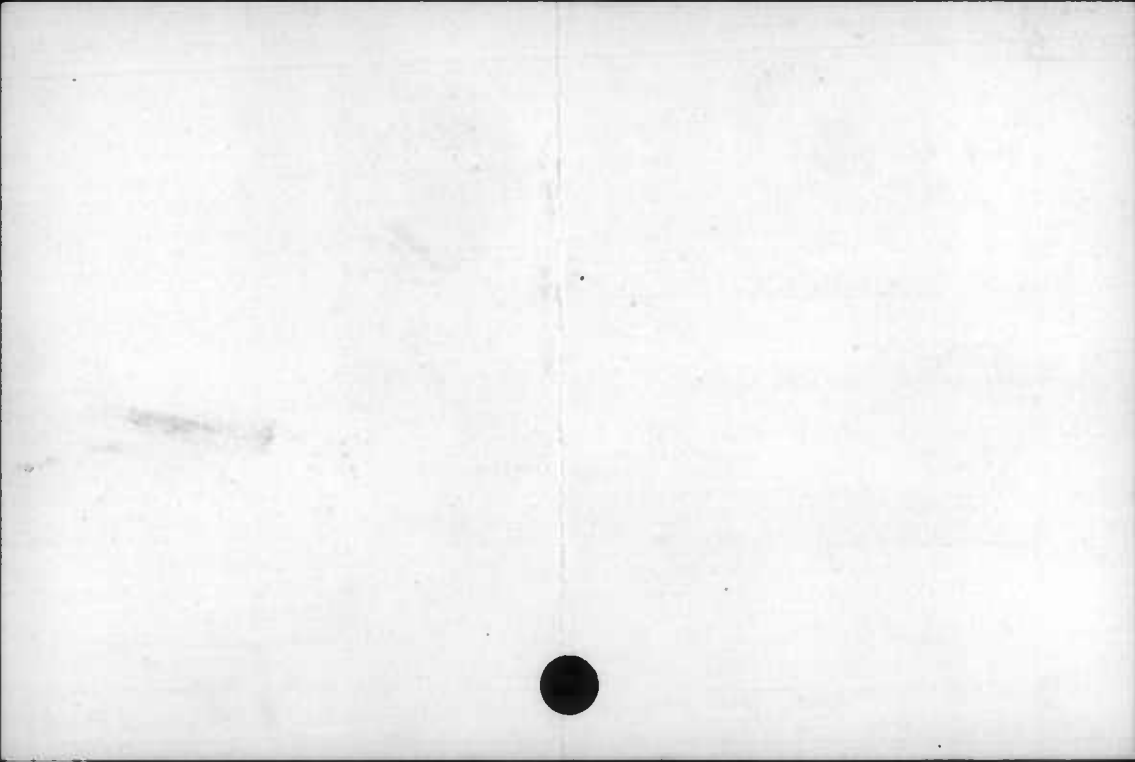
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John. F. Carl</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>56</i>	
Date of death <i>1960</i>		Months <i>4</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Navyberry</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Margaret Carl</i>					
Father's Name <i>George Carl</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Margaret Goulden</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Margaret Carl</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident R.C. Injuries</i>		How long <i>3 1/2 hours</i>	
Immediate <i>Shock from Hemorrhage</i>		How long <i>3 1/2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. M. C. Cuddy</i>	
		Address <i>Frederick</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Wm. H. Curren* Town *Frederick* County *Frederick Co.* MARYLAND

Disd at *Frederick* Date of death 19*40* Month *1* Day *12* Age *76* Years *7* Months *1* Days

Sex *Male* Color or Race *White* Birth-place *Frederick Co.*

Occupation *Retire* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annie E. Traiger*

Father's Name *Orick Curren* Father's Birthplace *Fred Co.*

Mother's Maiden Name *Susan Curren* Mother's Birthplace *Fred Co.*

Name of person giving Information *Robert Curren* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic myocarditis* How long *2 mos.*

Immediate *General arteriosclerosis* How long *10 days*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *J. H. Long, M.D.* Address *[Redacted]*

Accident or Suicide *[Redacted]*

Charley Geisner

Curtis Wachter

Elmer Wachter

Wm C Cromer

Clinton Himmelbauer

J S Albough

Name
in
Full

Alfred Dade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date of death 1900 ^{Month} Jan ^{Day} 19th ^{Years} Age 66 ^{Months} ^{Days}

Sex Male Color or Race Colored Birth-place Virginia

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Not known

Father's Birthplace Unknown

Mother's Maiden Name

Mother's Birthplace Unknown

Name of person giving Information W. H. Shuff-

How related to deceased None

CAUSES OF DEATH

Primary

Insarica

How long

187 Months

Immediate

Dropsy of the Heart

How long

Six weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

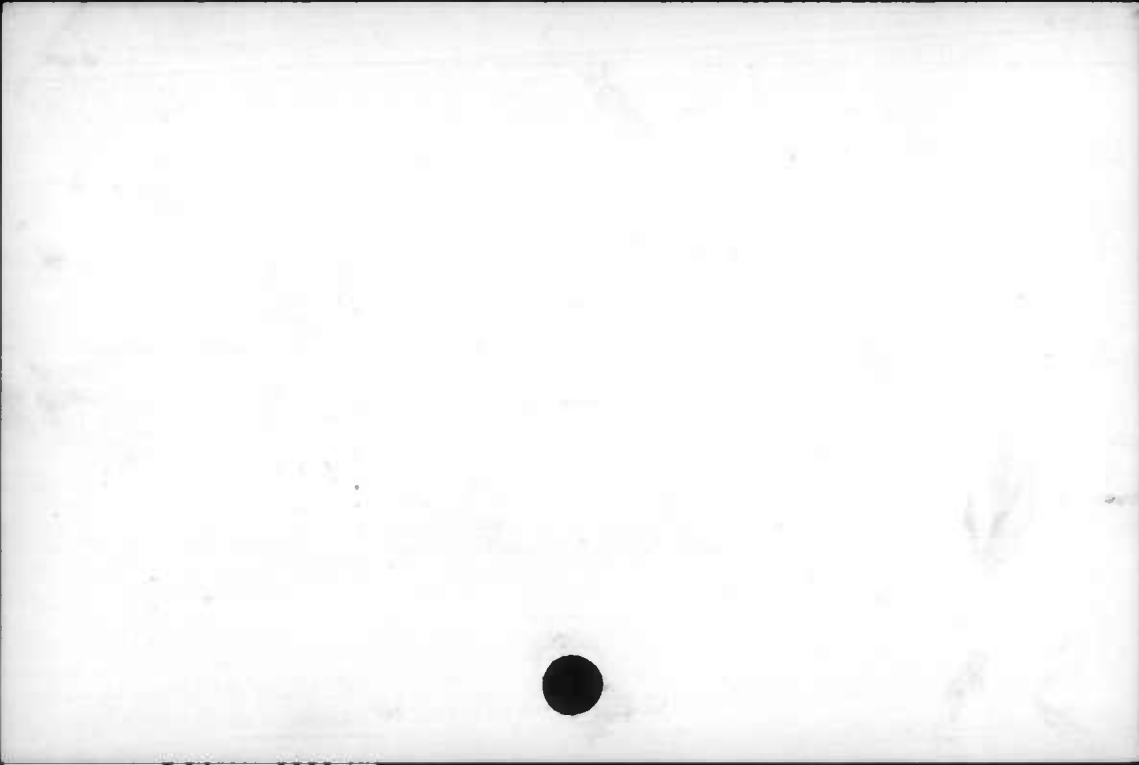
Signature of Physician

Address

John B. Brannen
Emmitsburg
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Thelma Frances Dausburger

CERTIFICATE OF DEATH

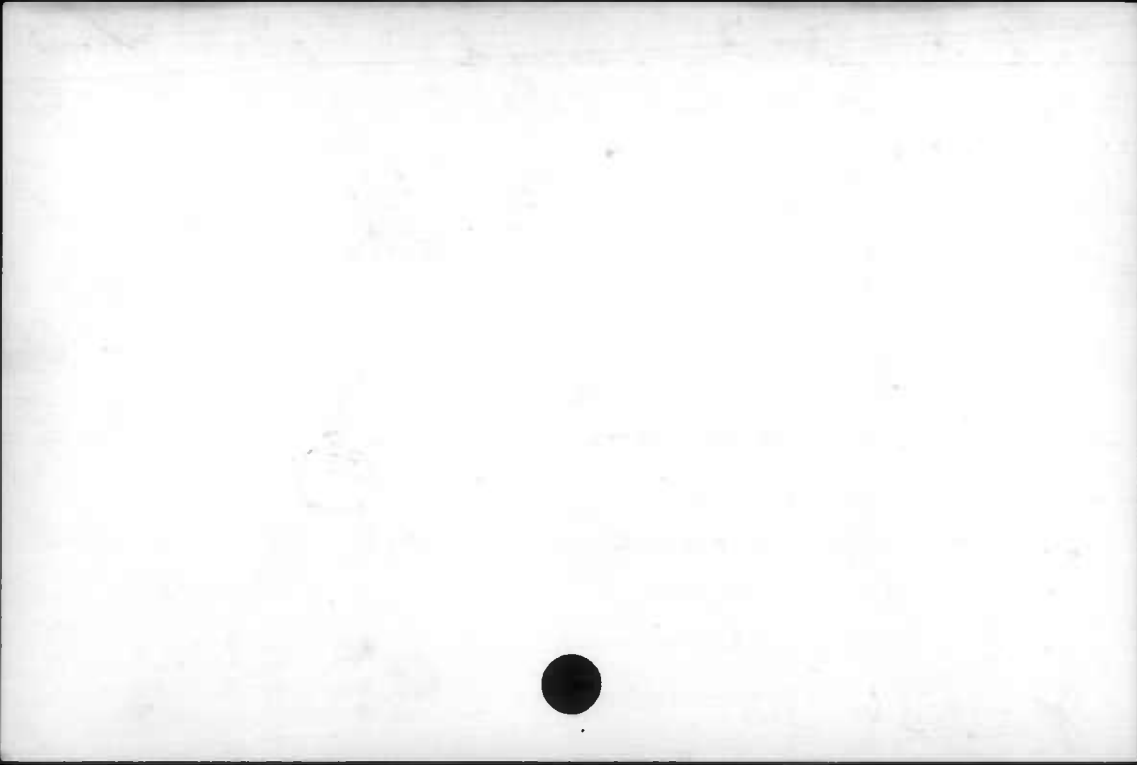
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month Jan	Day 22	Age X	Years (2)	Month 2	Days 24 X
Sex Female		Color or Race white		Birth-place Fredk. Md			
Occupation X				Where Residing if not at place of death ... X ...			
Married, Single or Widowed X		Name of Wife or Husband X					
Father's Name Wm Dausburger				Father's Birthplace Fredk. G. Md.			
Mother's Maiden Name Kate Yinger				Mother's Birthplace Fredk. Md.			
Name of person giving Information Wm Dausburger				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Pertussis-Brachio-pneumonia	How long 8 weeks
Immediate	Cardiac Asthenia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician J. H. Needles, M.D.
		Address Frederick, Md
Accident or Suicide <i>—</i>		



Name
in Full

Benjamin Franklin Delantier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

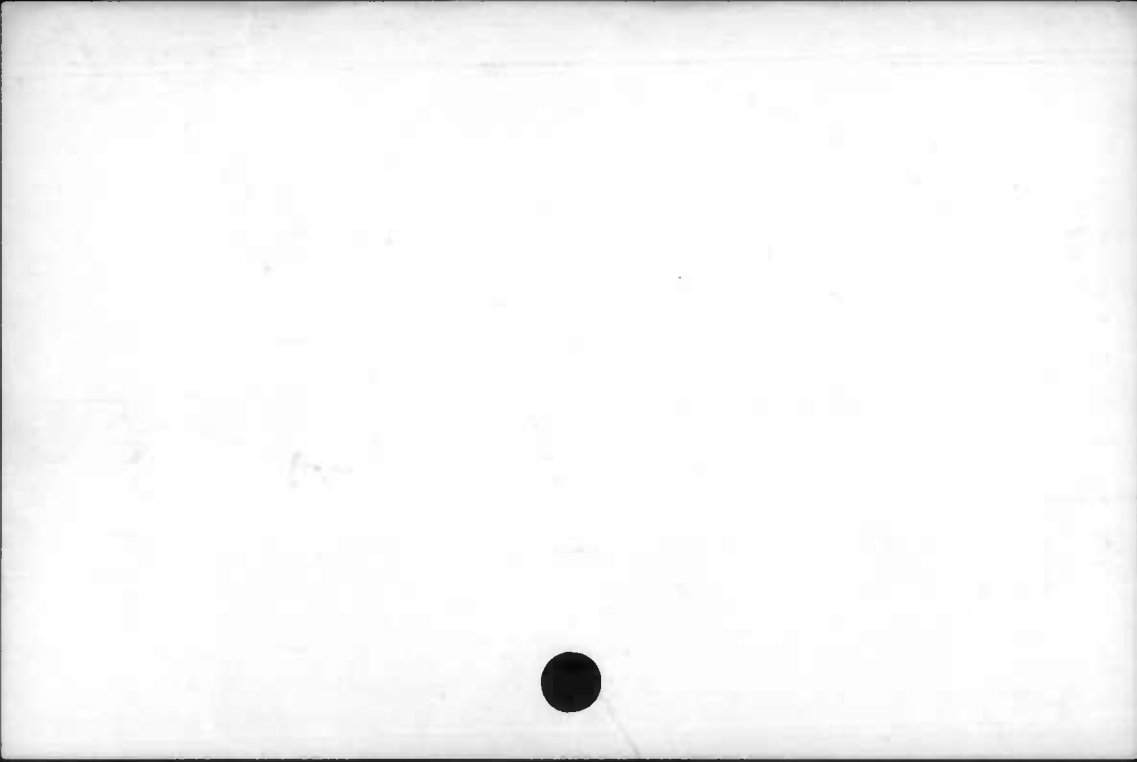
Died at *near Middletown* *Fredricks* **MARYLAND**
 Town County
 Date of death 19*10* *Jan* *15*, Age *25*
 Month Day Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *Insurance Collector* Where Residing if not at place of death *✓*
 Married, Single or Widowed *Single* Name of Wife or Husband *✓*
 Father's Name *George S Delantier* Father's Birthplace *Maryland*
 Mother's Maiden Name *Hannah S Herbert* Mother's Birthplace *Maryland*
 Name of person giving Information *Daisy Delantier* How related to deceased *Sister*

CAUSES OF DEATH

35

PHYSICIAN
OR CORONER

Primary *Pulmonary & General Tuberculosis* *Repeated about 1 year*
 How long
 Immediate *Exhaustion* *3 years*
 How long
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. L. Buckley*
 Address *Middletown*
 Accident or Suicide *Indef*



Name
in
Full

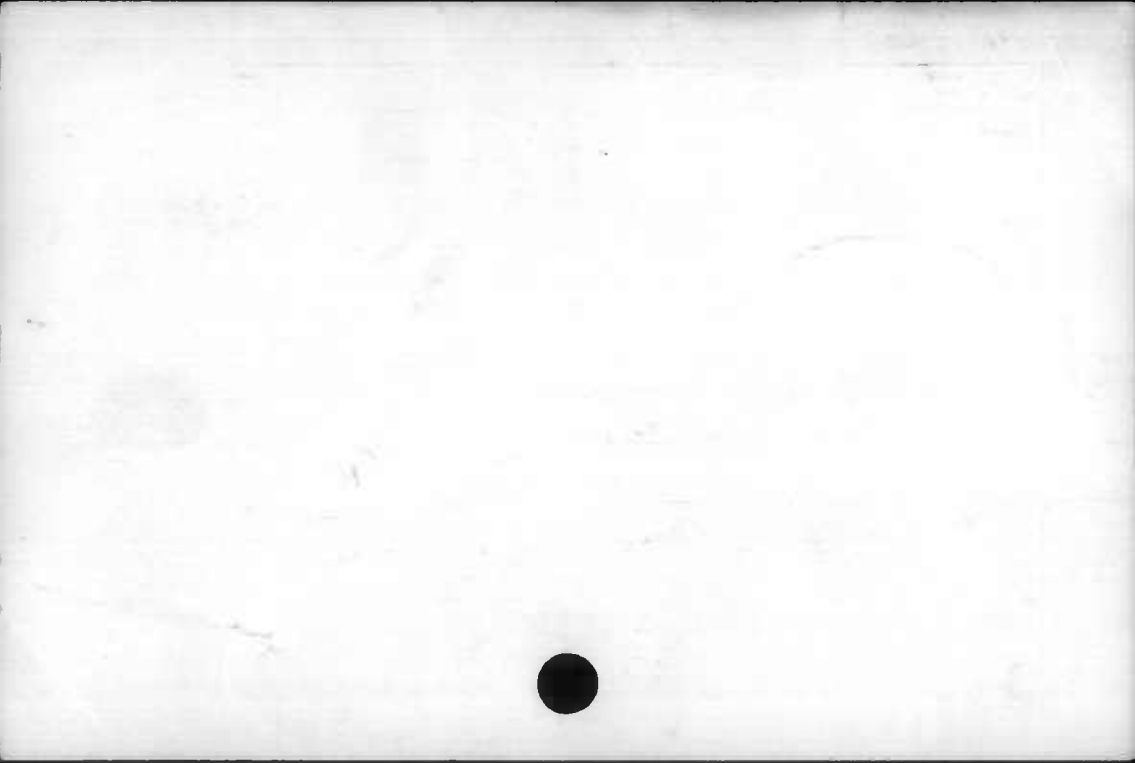
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i> ^{Town}		<i>Brederick</i> ^{County}		MARYLAND	
Date of death 19 <i>60</i>	<i>Jan</i> ^{Month}	<i>7</i> ^{Day}	Age <i>8</i> ^{Years}	<i>3</i> ^{Months}	<i>27</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Edward M Lutron</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary E Hess</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Edward M Lutron</i>	How related to deceased <i>Father</i>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH		<i>164</i>	<i>172</i> X
Primary <i>Fall on ice while skating</i>	How long <i>10 days</i>		
Immediate <i>General paralysis</i>	How long <i>3 days</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E L Buckley</i>		
<i>8</i>	Address <i>Middletown</i>		
Accident or Suicide <i>No</i>	<i>Ind</i>		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Charlottesville* Town *Frederick* County
Date of death *1906 Jan 1* Month *1* Day *75* Age *0* Months *7* Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *Josephus Easterday*

Father's Name *Samuel Slifer* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Ludrick* Mother's Birthplace *Germany*

Name of person giving Information *Wm. S. Easterday* How related to deceased *Son*

CAUSES OF DEATH

Primary *Nephritis* How long *66* X *Min months*
Immediate *Paralysis* How long *One month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Interment Jan 9 - 1910

" at Jefferson Ford & Co Mod

Thomas P. Rice F. A.

Dr E. D. Neighbors

Dr Goodell

Dr McCurdy (stamp)

Name
in
Full

Emma G. Flook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mar Brunswick</u>		County <u>Fredrick</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>Jan.</u>	Day <u>21</u>	Age <u>57</u>	Months <u>3</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Fredrick Co., Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>W. S. Flook</u>			
Father's Name <u>John N. Ream</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah A. House</u>			Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Wilbur Flook</u>			How related to deceased <u>son</u>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Soreness of
or Intercostal
vertebraeParaplegia

How long

15 months

Immediate

Paralysis
intercostal
respiration
general ataxia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

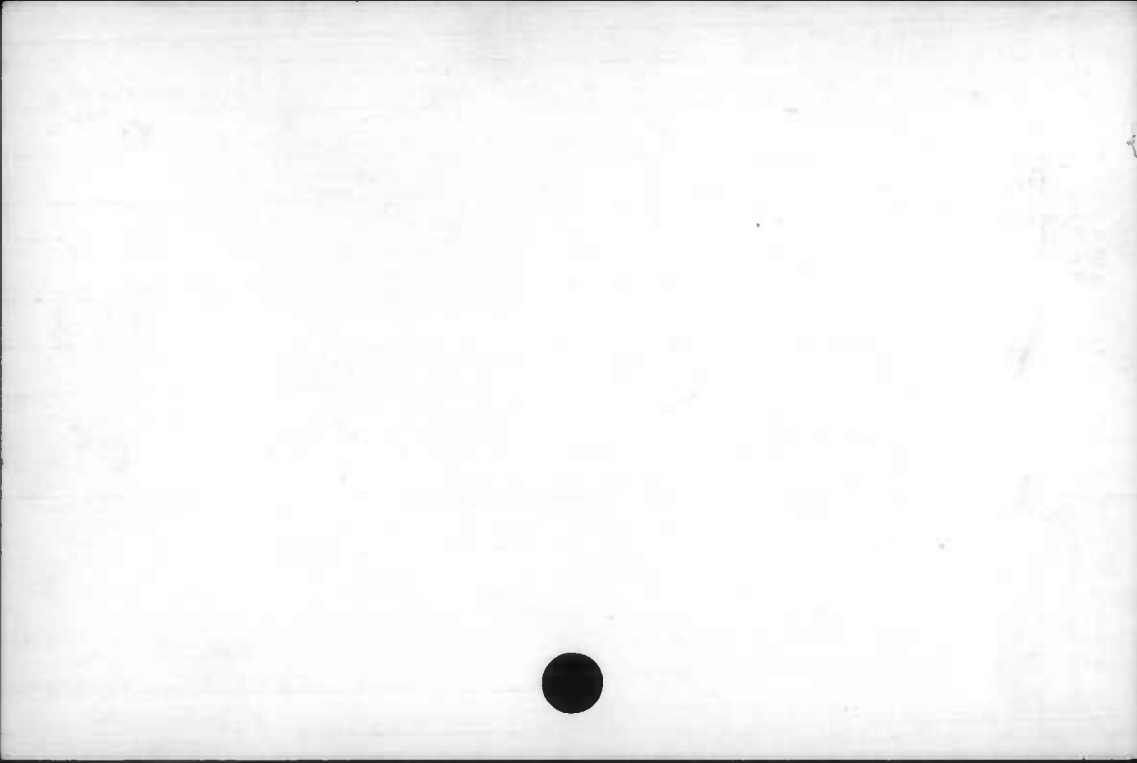
Signature of Physician

C. W. R. C. M. M. D.

Address

Brunswick, Md.

Accident or Suicide



Robert Fox

CERTIFICATE OF DEATH

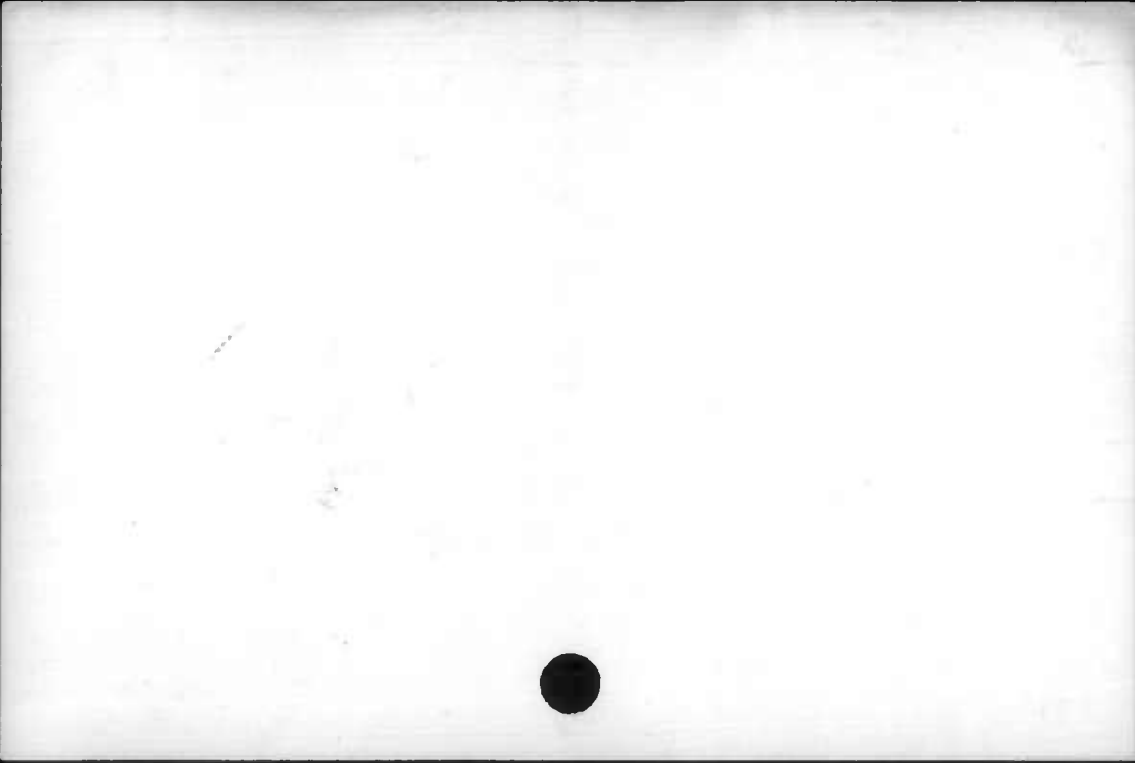
Died in <i>Breagertown</i> ^{Town} <i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1980</i> ^{Month} <i>Jan</i> ^{Day} <i>30</i>	Age <i>—</i> ^{Years}	<i>8</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Breagertown</i> ^{MD}	
Occupation <i>—</i>	Where Residing if not at place of death <i>at place of death</i>		

Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Jesse Fox	Father's Birthplace	Carroll Co
Mother's Maiden Name	Martha L. Fogle	Mother's Birthplace	Frederick Co
Name of person giving Information	Jesse Fox	How related to deceased	Father
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; margin-top: 10px;"> 61 </div>			

CAUSES OF DEATH

Primary	Feetthing & indigestion & Meningitis	How long	15 days
Immediate	Asthenia	How long	5 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician	
		J. D. S. Nyeung	

Address *Breagerstown*
Frederick Co



Name
in
Full

Ruth Lindsay Franklin

110.5
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New London		County Frederick		MARYLAND	
Date of death 19		Month Jan.	Day 4	Age 99	Months 6	Days 19	
Sex Female		Color or Race White		Birth-place Frederick Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Jesse Franklin					
Father's Name		John Lindsay		Father's Birthplace		Unknown	
Mother's Maiden Name		Sarah Baile		Mother's Birthplace		Leann Co.	
Name of person giving Information		Mrs. W. Barnes		How related to deceased		Daughter	

CAUSES OF DEATH

Primary

Infirmities of age
Pneumonia

How long

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. H. Hopkins M.D.

Address

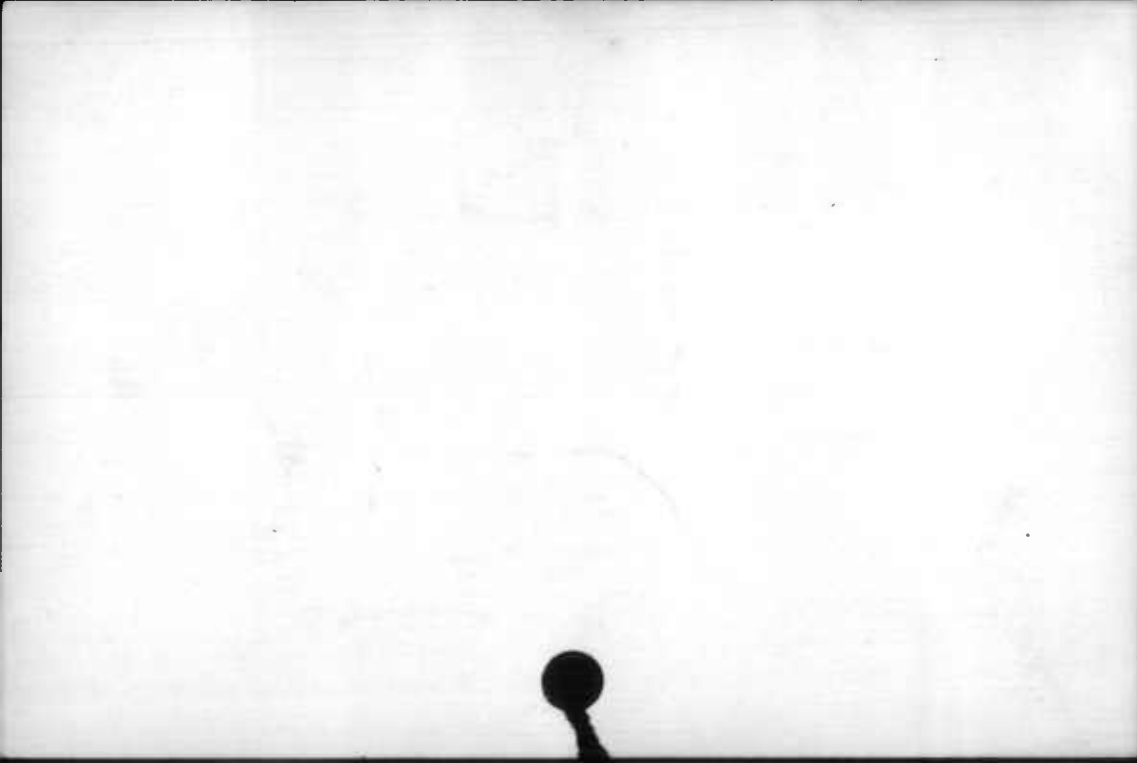
New Market

Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Salonen* *Hritz*
Town *Unionville* County *Hillsdale*

MARYLAND

Died at *Unionville* Month *Jan.* Day *2* Year *1960* Age *49* Months Days

Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sara Hritz*

Father's Name *John E. Hritz* Father's Birthplace *MD*

Mother's Maiden Name *Catherine Dugdale* Mother's Birthplace *MD*

Name of person giving Information *Samuel Hritz* How related to deceased *Son*

CAUSES OF DEATH

120 X
How long *Two years*
How long

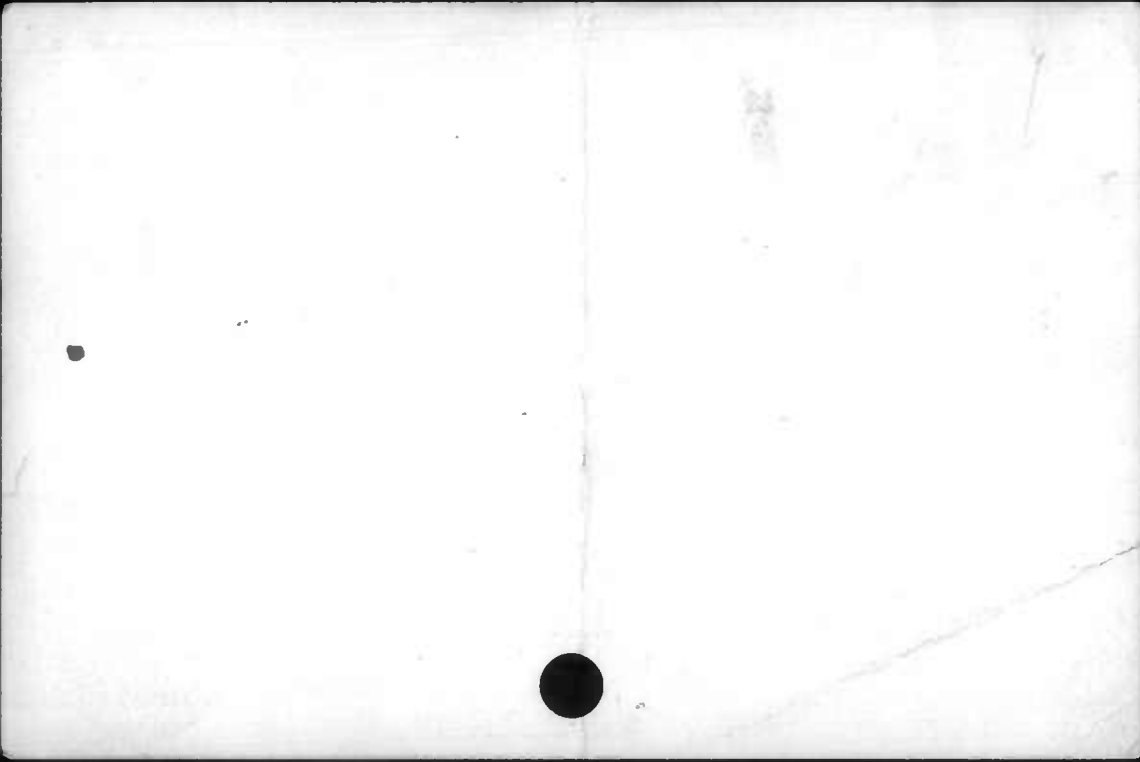
Primary *Bright's Disease*
Immediate *Uræmic poisoning*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. S. Pearce*
Address *Unionville*
MD.

PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

Dra. Jacob Gaver
Town *Ellerton* County *Fredrick*

MARYLAND

Died at *Ellerton* Month *January* Day *31* Age *9* Months *9* Days *9*

Date of death *1960* Sex *Male* Color or Race *White* Birth-place *Ellerton*

Occupation Where Residing if not at place of death *Ellerton*

Married, Single or Widowed Name of Wife or Husband

Father's Name *Charles C. Gaver*

Father's Birthplace *Ellerton*

Mother's Maiden Name *Lula*

Mother's Birthplace *Ellerton*

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary *Malformation of Genital*
Immediate *Organs*

How long *Three birth.*
How long

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Ralph Browning*

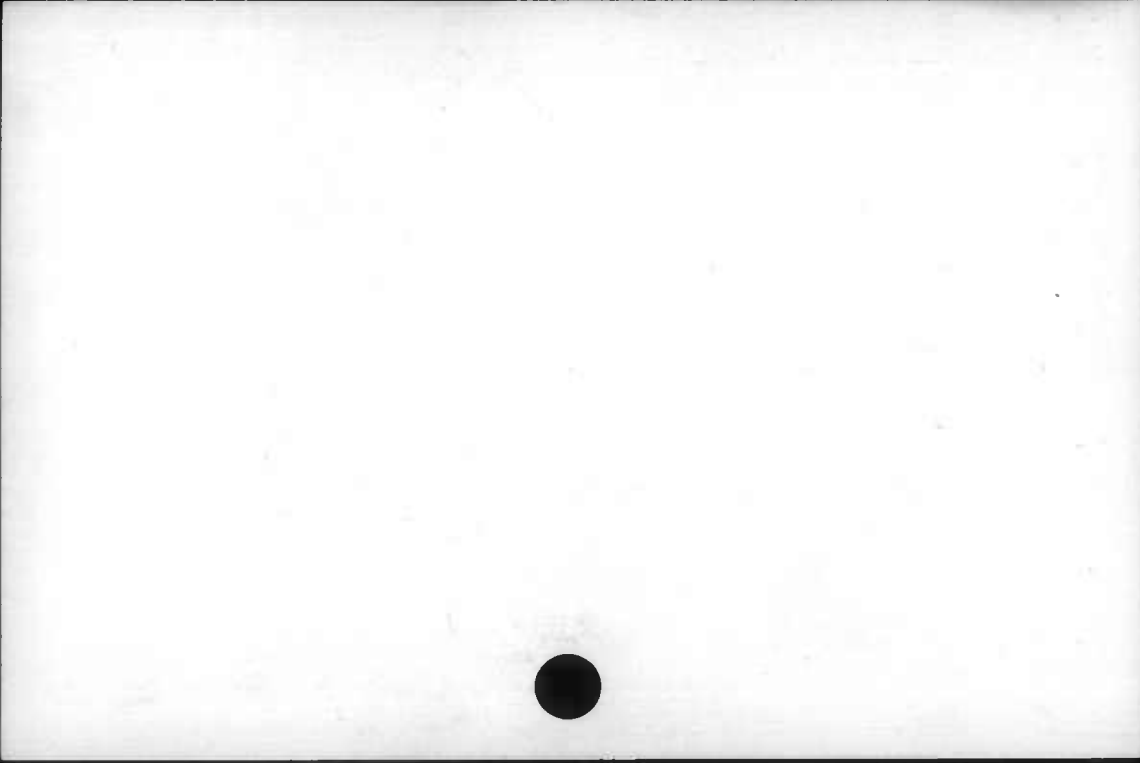
Address *Myersville, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

150



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah A Glaze</i>		Town <i>Frederick City</i>		County <i>Frederick Co</i>		MARYLAND	
Died at <i>Frederick City</i>		Month <i>January</i>		Day <i>3</i>		Age <i>68</i>	
Date of death <i>1940</i>		Month <i>January</i>		Day <i>3</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington Co</i>		Months <i>3 months</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>West 3rd St city</i>		Days <i>7 days</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>David Glaze</i>		Father's Birthplace <i>Washington Co</i>			
Father's Name <i>David Glaze</i>		Mother's Maiden Name <i>Elizabeth Torrey</i>		Mother's Birthplace <i>W. Va.</i>			
Name of person giving Information <i>Harris G Huffer</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

Primary <i>Carcinoma of stomach</i>	How long <i>40</i>	<i>X</i>
Immediate <i>Exhaustion</i>	How long <i>1 year.</i>	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm M. Smith,</i>	Address <i>Frederick, Md.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Travaunna M. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND			
Date of death <i>1960</i>		Month <i>1</i>		Day <i>4</i>		Age <i>3</i>		Months <i>4</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>							
Occupation <i>_____</i>				Where Residing if not at place of death <i>Same</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>									
Father's Name <i>P. E. Green</i>		Father's Birthplace <i>W. Va</i>									
Mother's Maiden Name <i>Vernicy Ward.</i>		Mother's Birthplace <i>" "</i>									
Name of person giving Information <i>Mrs. Green</i>		How related to deceased <i>Mother</i>									

CAUSES OF DEATH

Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>1 wk</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Levas. J. Goodenow

Address

*Frederick**Md*Accident or Suicide *_____*PHYSICIAN
OR CORONER

Interment Jan 6 - 1910

" at Mt. Olivet Cemetery

~~Thomas P. Rice R. A.~~
C. E. Collins F. D.

Dr Goodell

Dr McCurdy

Name
in
Full

Raymond M Grumbine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frederick* ^{County} *Frederick* **MARYLAND**

Date of death 19*60* ^{Month} *1* ^{Day} *23* ^{Year} *—* Age *—* ^{Months} *11* ^{Days} *19*

Sex *male* Color or Race *White* Birth-place *Ind.*

Occupation *Child* Where Residing if not at place of death *X*

Married, Single or Widowed *X* Name of Wife or Husband *X*

Father's Name *John M Grumbine* Father's Birthplace *Ind*

Mother's Maiden Name *Clora Rowe* Mother's Birthplace *Ind*

Name of person giving Information *Clora Grumbine* How related to deceased *Mother*

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

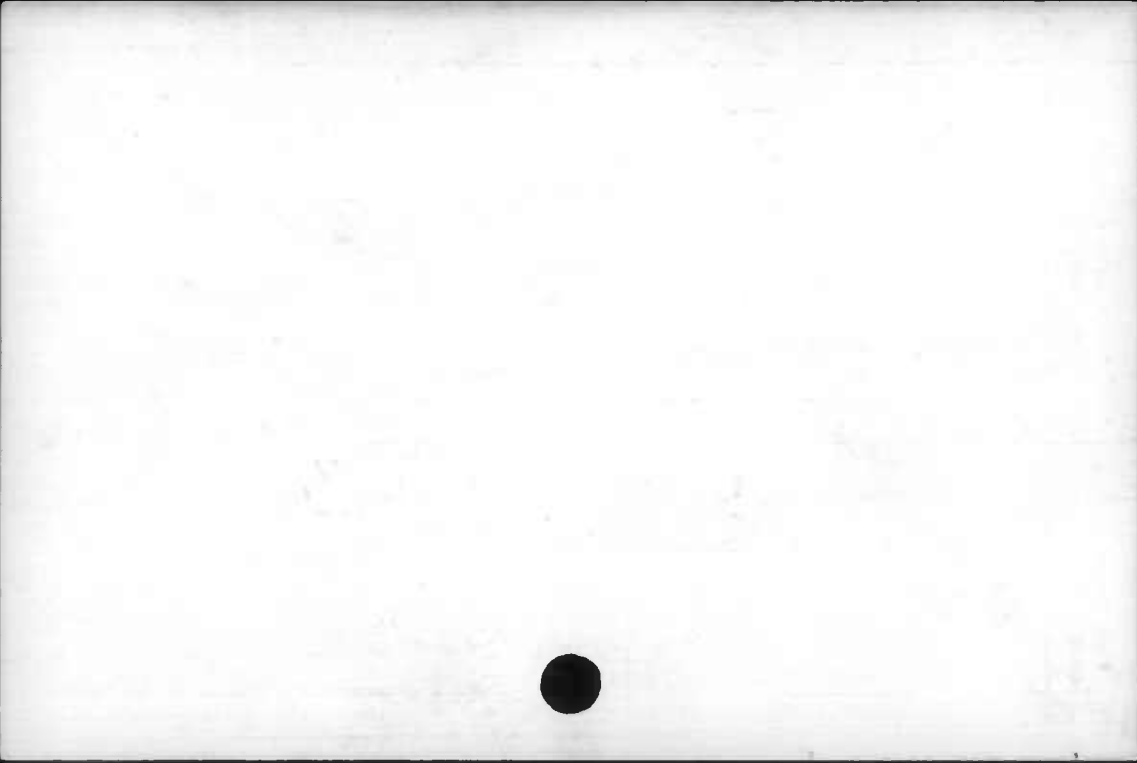
Primary *Malnutrition* ^{How long} *11 months*

Immediate *Exp hemorrhage* ^{How long} *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. A. Long*

Address *Frederick Ind.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ann Hale

Town

County

Died at

Near Jefferson Creek

MARYLAND

Date

of death

1900

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Creek Co

Occupation

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
Husband

David Hale

Father's
Name

Christopher Miller

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Meyers

Mother's
Birthplace

Md

Name of person giving
Information

Lannie Lucas

How related
to deceased

Daughters

CAUSES OF DEATH

Primary

Old age

How long

Immediate

Uraemic Coma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

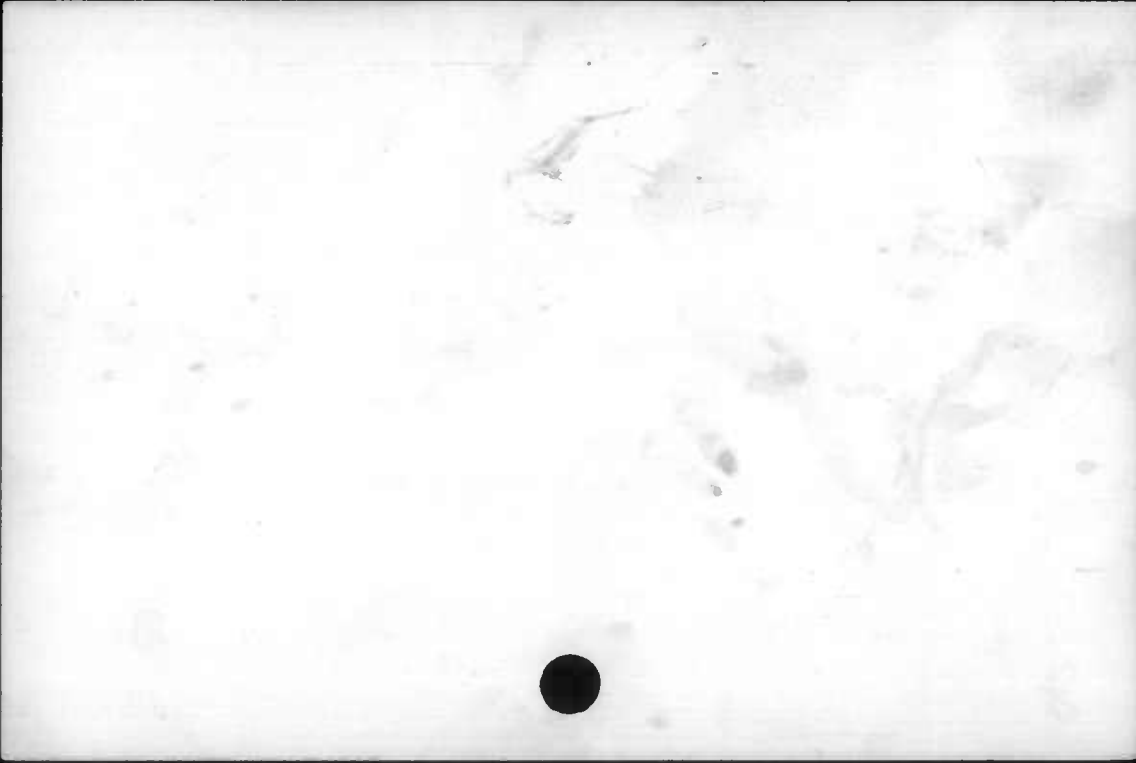
Signature of
Physician

Address

A. Smith
Jefferson
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie Hallman
Town Frederick County

CERTIFICATE OF DEATH

Died at Frederick Frederick MARYLAND

Date of death 1940 1 2 Age 60 Month Day Years Months Days

Sex Female Color or Race Black Birth-place F. Co. Md.

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Widower Name of Wife or Husband Isaac Hallman

Father's Name James Smith Father's Birthplace Md.

Mother's Maiden Name Hannah Smith Mother's Birthplace "

Name of person giving Information Jennie Wise How related to deceased Sister

CAUSES OF DEATH

Primary General Debility How long 5 weeks
Immediate Cardiac Markings How long 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. G. Henderson M.D.
Address 201 S. Market St. Frederick Md.

Accident or Suicide

Interment Jan 4 - 10

" at ~~Spessard~~ Cemetery

Thomas P. Rice F. & L.

Dr Gutzendanner

Dr M^r ~~Leahy~~

Dr ~~Goodell~~

Name
in
Full

Allen Hildebrand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fredericks Town Fredericks County MARYLAND

Date of death 1980 Month 1 Day 27 Age — Years — Months — Days 2

Sex Male Color or Race White Birth-place Fredericks

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Coleman Hildebrand Father's Birthplace Wash. Co Md

Mother's Maiden Name Bertha M. Smeltzer Mother's Birthplace Fredk " "

Name of person giving Information Coleman Hildebrand How related to deceased Father

CAUSES OF DEATH

176

168

X

PHYSICIAN
OR CORONER

Primary Accidental Suffocation in bed How long —

Immediate Yawsis How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Goodman

Address Fredericks, Md.

Accident or Suicide —

Interment Jan 27 - 10

" at Mt. Olivet Cemetery

Thomas P. Rice F.O.

W Goodell

W McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Myersville</i>		County <i>Hered.</i>		MARYLAND		
Date of death 19 <i>00</i>		Month <i>Jan.</i>	Day <i>12</i>	Age <i>56</i>	Months <i>7</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Brownsville, Wash. Co.</i>				
Occupation <i>Laborer (Woodchopper)</i>	Where Residing if not at place of death _____					
Married, Single x Widowed	Name of Wife or Husband <i>Lucinda Earley</i>					
Father's Name <i>Noratus Holmes</i>	Father's Birthplace <i>Sandy Hook</i>					
Mother's Maiden Name <i>Catharine Green</i>	Mother's Birthplace <i>Wolfersville</i>					
Name of person giving Information <i>Noratus Holmes</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croupous Pneumonia</i>	<i>92</i> X How long <i>10 days.</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Hoke M.D.</i>
	Address <i>Myersville Md.</i>
<i>8</i> Accident or Suicide	



Name
in
Full

Larmie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

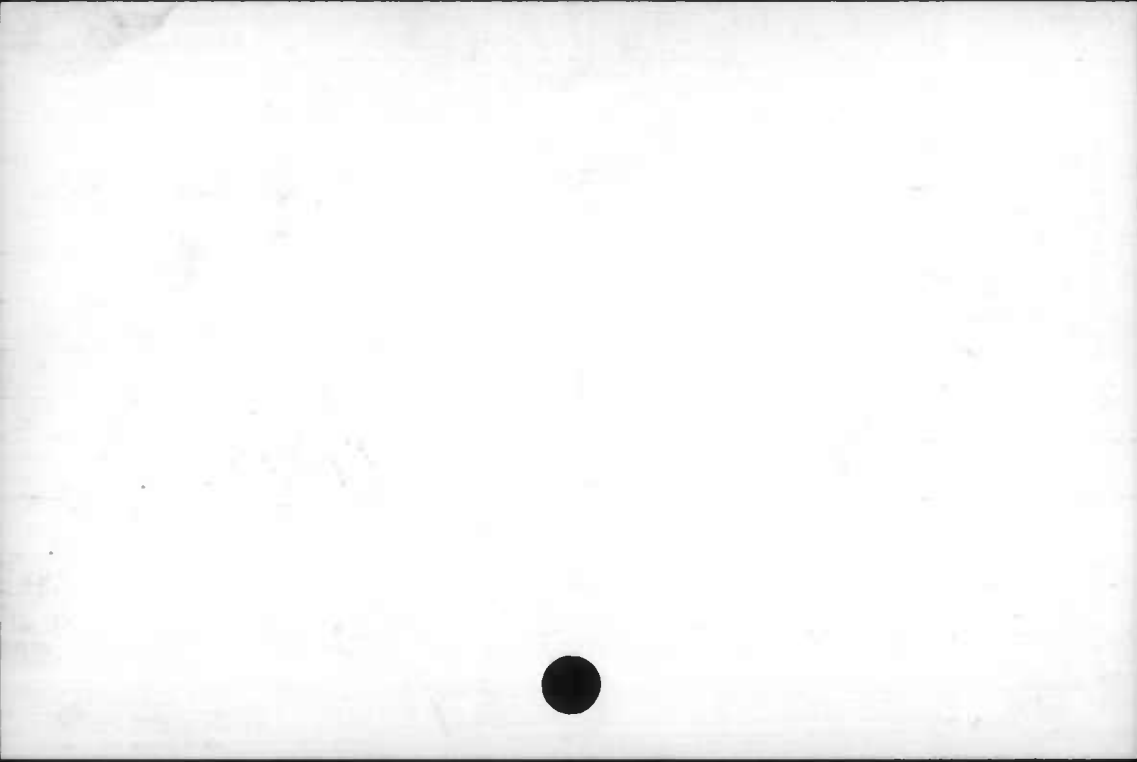
Died at <u>Brunswick</u> Town		<u>Furman</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>17</u>	Age <u>79</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John R. Jones (deceased)</u>				
Father's Name <u>Oscar Anderson</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Annie Wilcox</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>E. H. Hoon</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>-</u>
Immediate <u>Acute Bronchitis</u>	How long <u>1 wk</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Leah West</u>
	Address <u>Brunswick Furman Co</u>
Accident or Suicide <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Rona Harrington Joyce* Town *State Sanatomin* County *Fredrick* MARYLAND

Died at *State Sanatomin* *Fredrick*

Date of death 19*88* Month *Jan* Day *20* Age *22* Years Months *1 mo* Days

Sex *F* Color or Race *W.* Birthplace *Madison Md*

Occupation *Housewife* Where Residing if not at place of death _____

Married, Single or Widowed *M* Name of Wife or Husband *Hazlet A Joyce Jr.*

Father's Name *W. W. Harrington* Father's Birthplace *Madison Md*

Mother's Maiden Name *Eleanor Field* Mother's Birthplace *Wolfe Mt*

Name of person giving Information *Mrs Shephard Bailey* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *27* X *2 mo.*

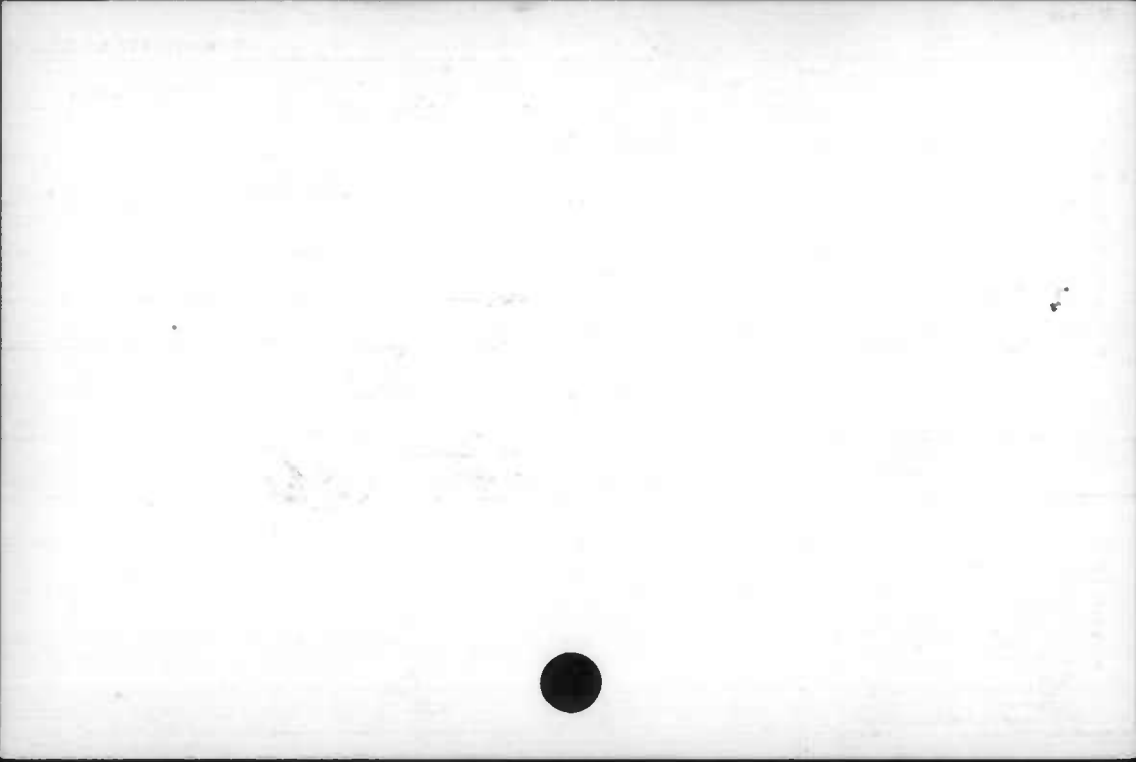
Immediate *Pulmonary embolism* How long *2 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John A. Cullen*

Address *State Sanatomin*
Gate 20 Mylar St

Accident or Suicide



Name
in
Full

Nellie Keeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Walkersville ^{County} Frederick MARYLAND
 Date of death 1960 Jan. 14 Age 70. Months 2 Days 24
 Sex Female Color or Race White Birth-place Frederick County
 Occupation _____ Where Residing if not at place of death Frederick "

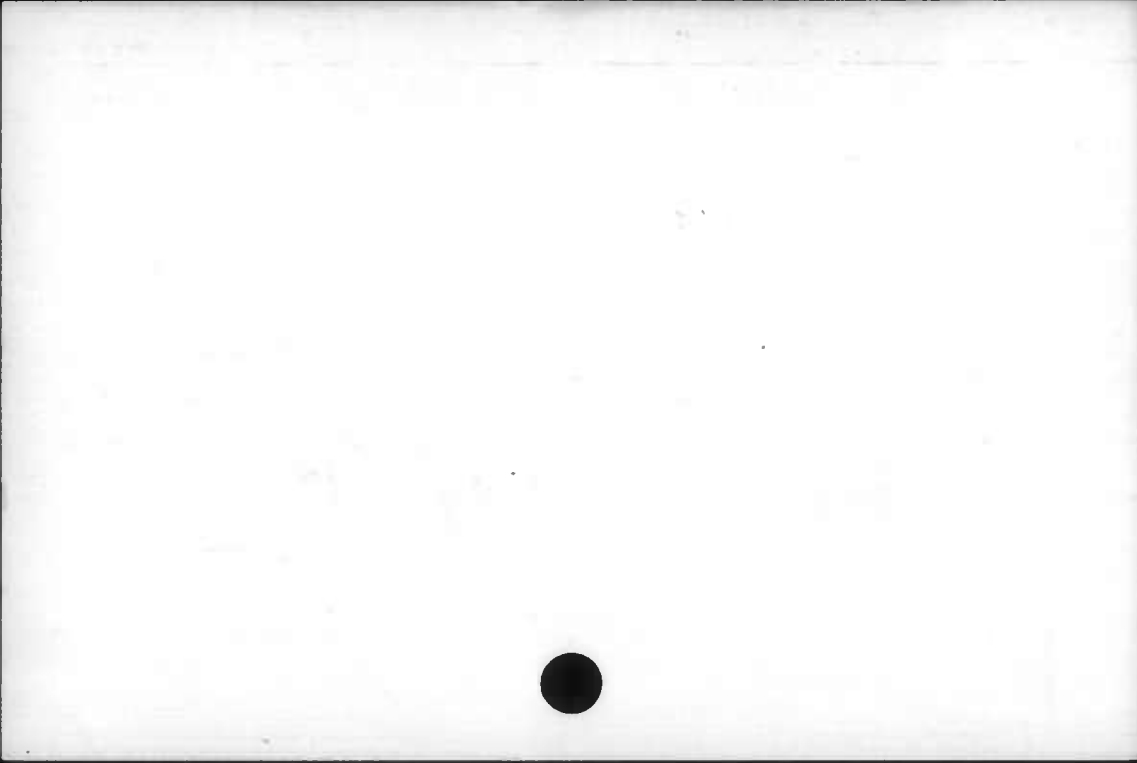
Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Simon Keeney Father's Birthplace Frederick County
 Mother's Maiden Name Ida V. Rice Mother's Birthplace Frederick County
 Name of person giving Information Reverend Brubanner How related to deceased Not related

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary Catarrhal Pneumonia How long 14 days
 Immediate Heart Failure How long 2 days
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician John F. Remsburg M.D.
 Address Walkersville Maryland.
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Anna Eliza Keller

Died at ^{Town} near Indent ^{County} Indent

MARYLAND

Date of death 1900 / 14 Age 72 - Months 4 Days X

Sex Female Color or Race white Birth-place Co -

Occupation none Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Rudolph Keller

Father's Birthplace Co

Mother's Maiden Name Elizabeth Hooper

Mother's Birthplace Eastern Shore

Name of person giving information Mrs. Hester

How related to deceased niece

CAUSES OF DEATH

(10) X

PHYSICIAN
OR CORONER

Primary La Grippe

How long

Immediate Pneumonia

How long one week

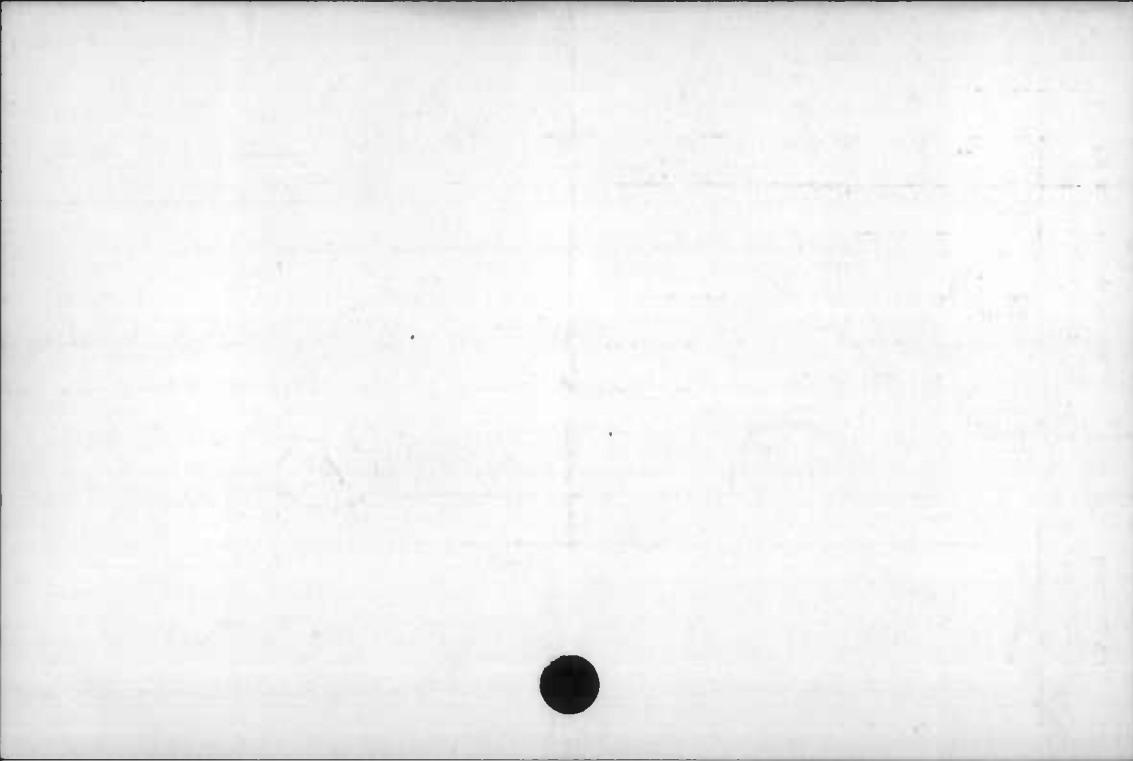
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Franklin Buchanan

Address

City - Indent

Accident or Suicide?



Name
in
Full

Dusan N. Kemp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rocky Springs		^{County} Frederick		MARYLAND	
Date of death	19 10	Month	Jan	Day	3
Age	93	Years	3	Months	3
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	George Fegan			Father's Birthplace	Md.
Mother's Maiden Name	Louisa Font			Mother's Birthplace	Pa.
Name of person giving information	Julian Kemp			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Debility, Fall on ice, fracture of Femur	How long	154 30 days
Immediate	Debility	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. H. Neger
		Address	Frederick
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Klen

City *Emmitsburg* County *Fredrick* MARYLAND

Died at *Emmitsburg*

Date of death *1900 Jan. 18th* Age *85*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Religious Sister Mary* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Jacob Klen* Father's Birthplace *Germany*

Mother's Maiden Name *Margaret Lott* Mother's Birthplace *"*

Name of person giving Information *Sister Bernadine Brenden* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Decay* How long *1003* X *Six Months*

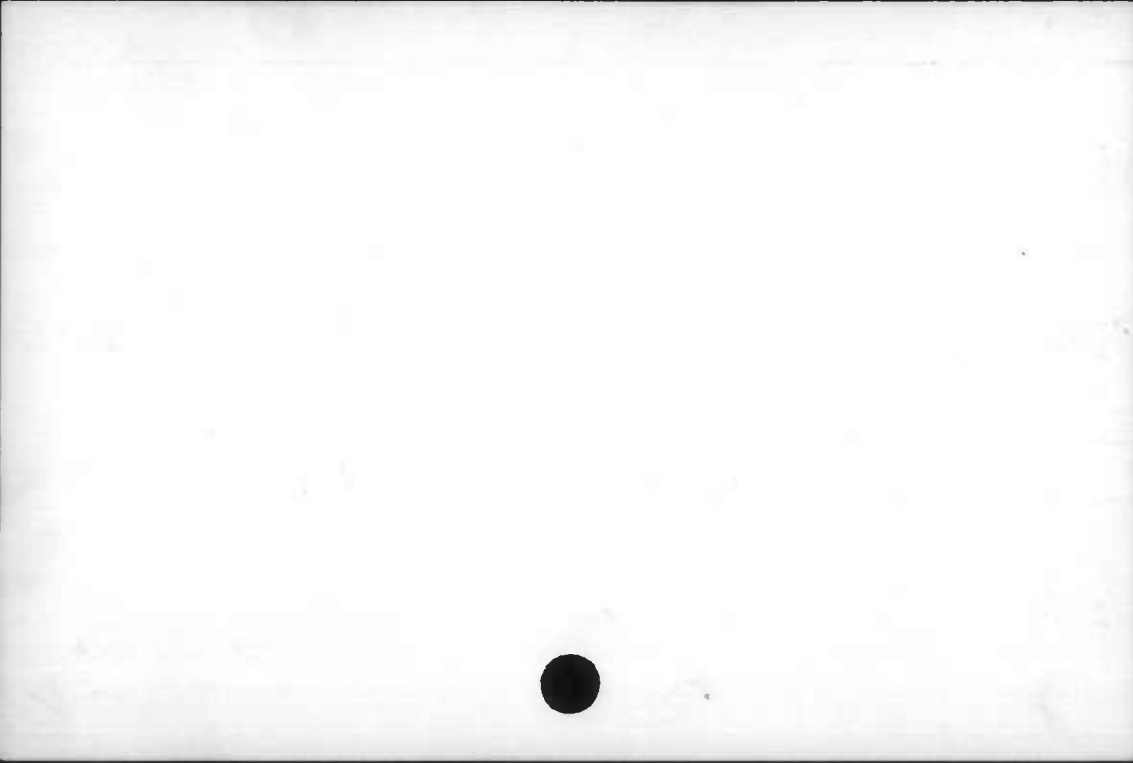
Immediate *Acute Gastritis* How long *From 8 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm B. Brown*

Address *Emmitsburg Md.*

Accident or Suicide



Name
in
Full

Austin E. Kohlberg

CERTIFICATE OF DEATH

Disd at *Near Frederick, N.E.* *Frederick* County **MARYLAND**

Date of death 19*40* Month *1* Day *3* Age *—* Months *2* Days *6*

Sex *Male* Color or Race *White* Birth-place *F. Co Md*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Sheridan Kohlberg* Father's Birthplace *Frederick Co Md*

Mother's Maiden Name *Clunative E. Layman* Mother's Birthplace *" " "*

Name of person giving Information *Mrs. Kohlberg* How related to deceased *Nieces*

CAUSES OF DEATH

Primary *Pneumonia* How long *Don't know*

Immediate *Acetaminophen overdose* How long *Don't know*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W.P. Feltz*

Address *Frederick Md.*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Jan 5 - 10
" at Mt Zion, cemetery
Frank. Co. -

Thomas P. Rice F. & O.

Dr. H. P. Fahsney

Dr Goodell,

Dr McQuady stamp

Name
in Full

Charles Franklin Leubart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hope land ^{County} Fred **MARYLAND**

Date of death 1900 ^{Month} Jan ^{Day} 18 Age 3 ^{Months} 7 ^{Days} 12

Sex male Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Deloyton Leubart Father's Birthplace Ind

Mother's Maiden Name Effie White Mother's Birthplace Ind

Name of person giving Information Deloyton Leubart How related to deceased Father

CAUSES OF DEATH

(10) X

PHYSICIAN
OR CORONER

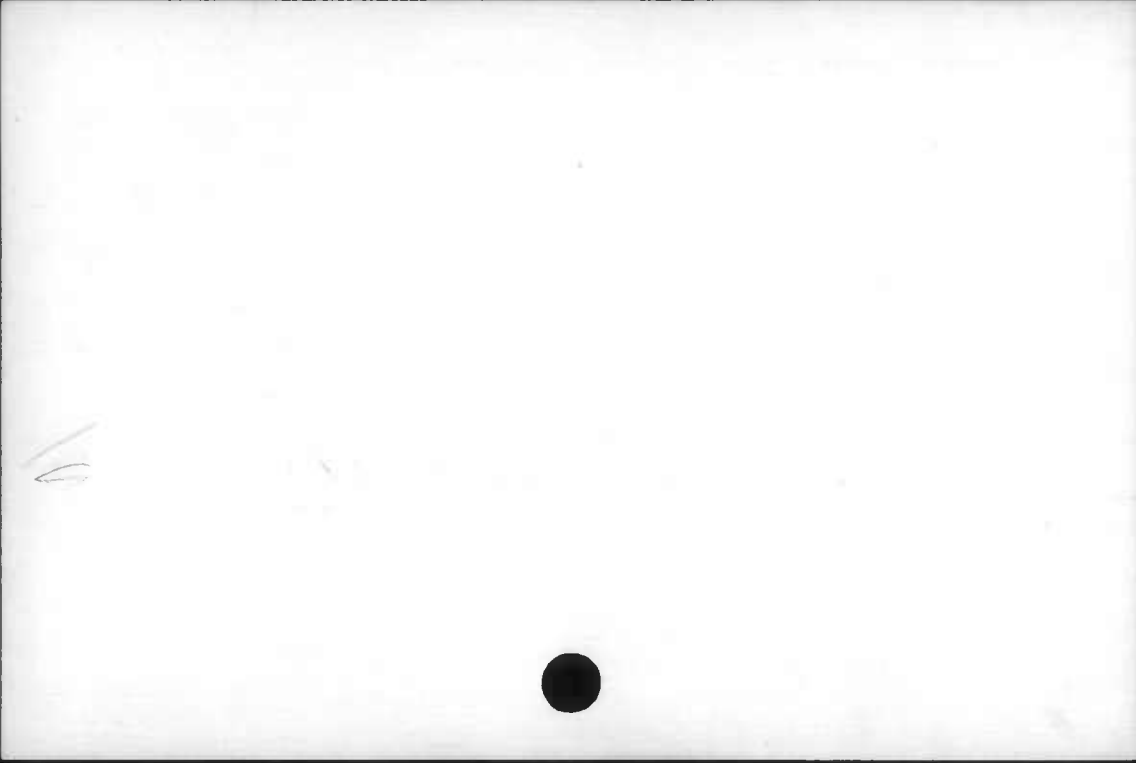
Primary La Grippe How long 6 Day

Immediate Meningiti How long 4 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician T. Clyde Rounton

Address Buckleytown Ind.

Accident or Suicide no



Name
in
Full

M. Louise Luby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stalkersville Md.</i>		Town <i>Stalkersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1900 Jan. 30</i>		Month <i>Jan.</i>		Day <i>30</i>		Age <i>about 11.</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Stalkersville</i>		Months <i>2</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Stalkersville</i>		Name of Wife or Husband <i>—</i>		Married, Single or Widowed <i>—</i>	
Father's Name <i>Abster Luby</i>		Father's Birthplace <i>Stalkersville</i>		Mother's Name <i>Fannie Cartnail</i>		Mother's Birthplace <i>Stalkersville</i>	
Name of person giving Information <i>Fannie Cartnail</i>		How related to deceased <i>Cousin</i>		Nema of person giving Information <i>Fannie Cartnail</i>		How related to deceased <i>Cousin</i>	

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>2 months</i>
Immediate		How long	

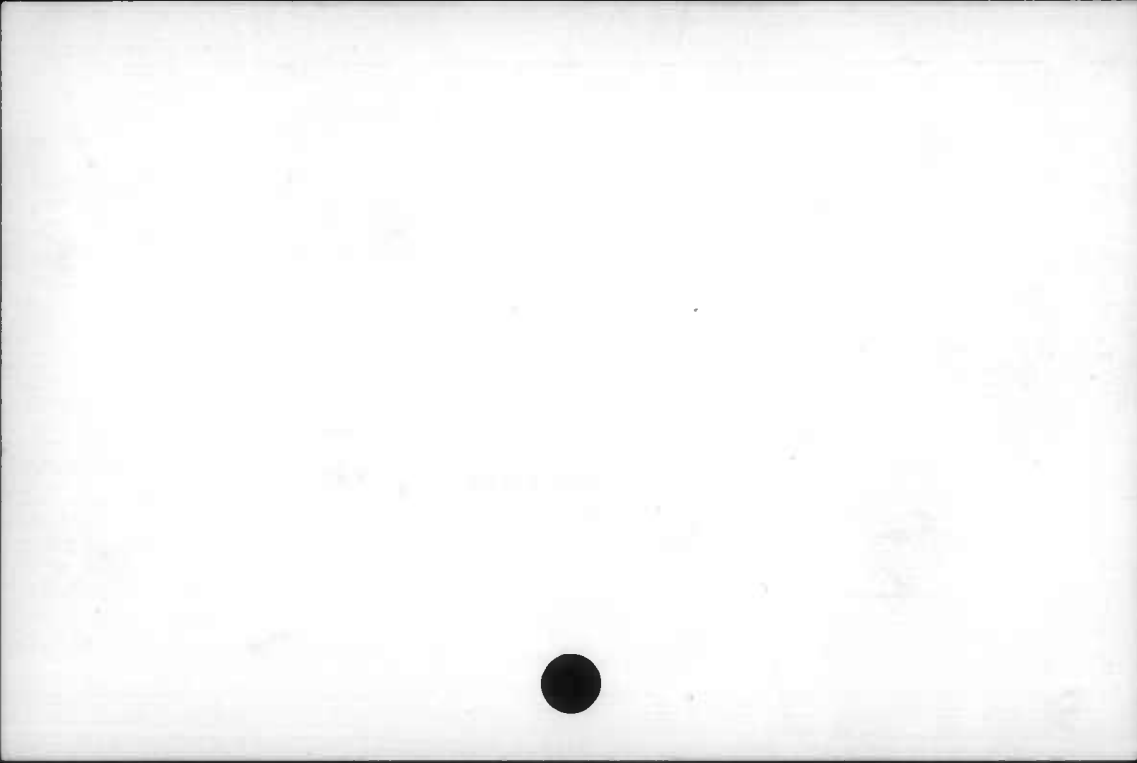
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. E. Remsburg
Stalkersville
Maryland

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

M. Gaha David Mores

near *Frederick* Town *Frederick* County

Died at *Frederick* Month *1* Day *-13* Age *70* Months *—* Days *—*

Sex *Female* Color or Race *American* Birth-place *Fred Va.*

Occupation *Wife* Where Residing if not at place of death *Petersville W. Va.*

Married, Single or Widowed *Married* Name of Wife or Husband *David M Gaha*

Father's Name *Don't Know* Father's Birthplace *Don't Know*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*

Name of person giving information *David M Gaha* How related to deceased *Husband*

CAUSES OF DEATH

(67)

Primary *Parotic Dementia* How long *Years*

Immediate *General Exhaustion* How long *Months*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry P. Fehrmey M.D.
Address *Frederick W. Va.*

PHYSICIAN
OR CORONER

Academy of Medicine



Name
in
Full

CERTIFICATE OF DEATH

Greenbury Maddox

Town

County

MARYLAND

Died at Mount Airy Frederick

Date

of death 1940

Month

1

Day

24

Age

Years

63

Months

Days

Sex

Male

Color or
Race

Black.

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Frederick

Married, Single
or Widowed

Married

Name of Wife or
Husband

Susan Johnson

Father's
Name

Nathaniel Maddox

Father's
Birthplace

Maryland

Mother's
Maiden Name

Charloth Quifler

Mother's
Birthplace

"

Name of person giving
Information

Thos. Maddox

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Exhaustion

How long

about 1 hr.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. G. Doune M.D.

Address

Frederick, Md.

Accident or Suicidal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Jan 26 . 10
" at Greenmount Cem
Thomas P. Rice F. & O.

Dr Burns
Dr Goodell
Dr McCurdy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Budnick</i>		Town <i>Budnick</i>		County <i>Budnick</i>		MARYLAND	
Date of death <i>1900.</i>		Month <i>Jan.</i>		Day <i>20</i>		Age <i>1 1/2</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Budnick</i>		Days	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John W. Marken</i>		Father's Birthplace <i>ind.</i>					
Mother's Maiden Name <i>Ellen Biddle</i>		Mother's Birthplace <i>ind.</i>					
Name of person giving Information <i>John W. Marken</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

Primary *Strangulation from cord around the neck during birth.* How long *176*Immediate *strangulation during birth from cord around neck* How long *153*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

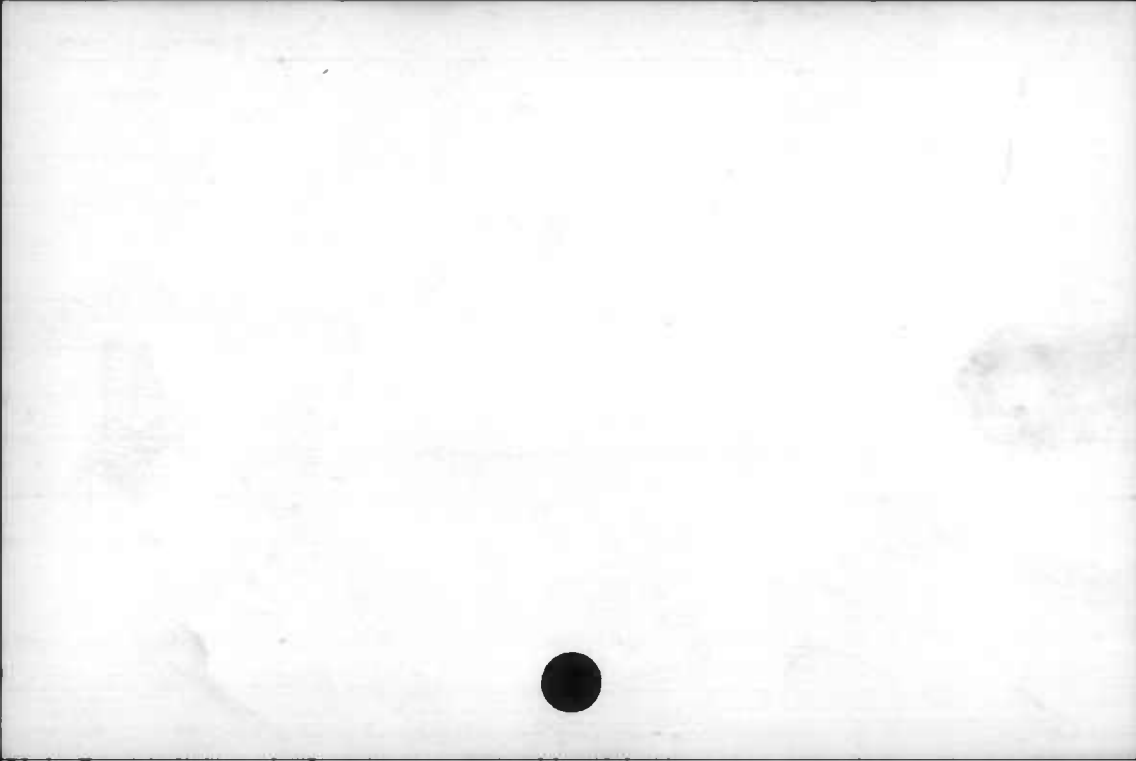
L. E. Brown M.D.

Address

Budnick ind.

Accident or Suicide

I was not present at the time child was born. I arrived 1/2 hr. after birth.



Name
in
Full

CERTIFICATE OF DEATH

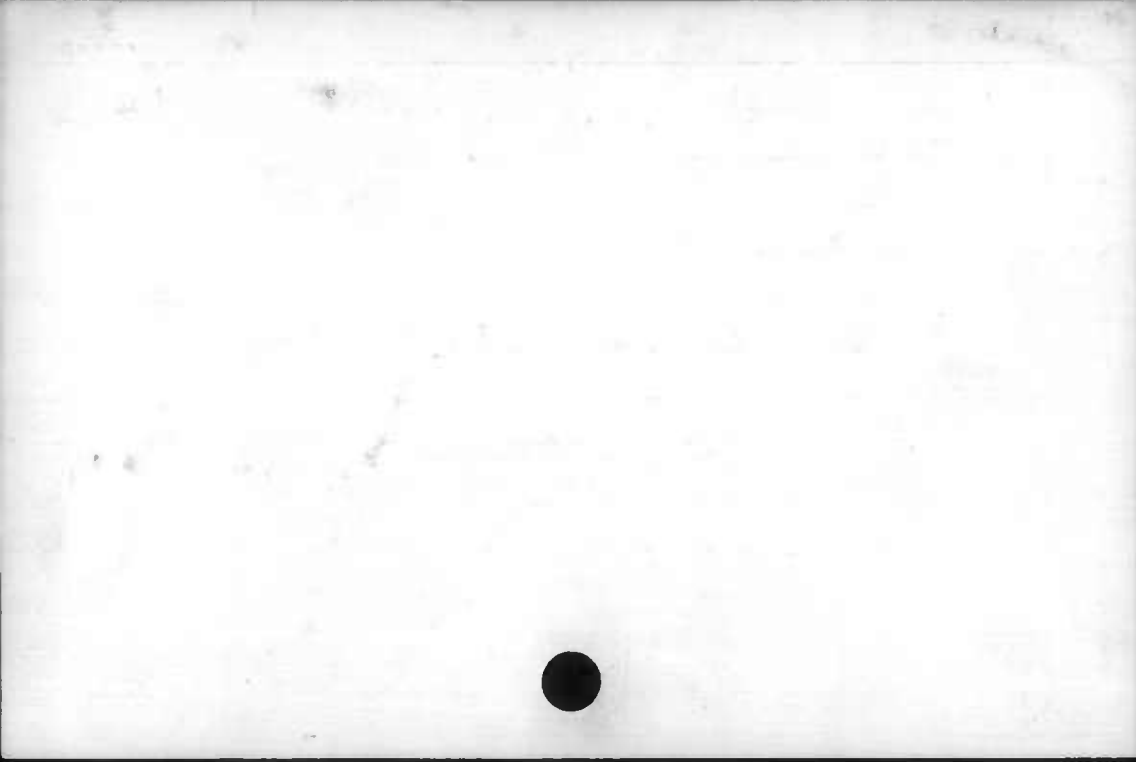
TO BE ANSWERED BY
NEAREST FRIEND

Name *John Ephraim Mash*
 Died at *Middletown* ^{Town} *Fredrick* ^{County}
 Date of death *1960* ^{Month} *Jan* ^{Day} *26* Age ^{Years} *82* ^{Months} *11* ^{Days} *19*
 Sex *Male* Color or Race *Colored* Birth-place *Unknown*
 Occupation *Laborer* Where Residing if not at place of death
 Marriad, Single or Widowed *Married* Name of Wife or Husband *Eliza Ellen Mash*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Meiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of parson giving Information *Eliza E Mash* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* ^{How long} *4 days*
 Immediate *Heart failure* ^{How long} *6 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E L Beckley*
 Address *Middletown Md*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Wesley Meyers*

Town *Marbletown* County *Fredrick* MARYLAND

Died at *Marbletown*

Date of death 19*00* Month *1* Day *24* Age *68* Years Months *9* Days *11*

Sex *Male* Color or Race *White* Birth-place *Mar-Jefferson*

Occupation *Lanner* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *Ellen E. Meyers*

Father's Name *George Meyers* Father's Birthplace *Wet*

Mother's Maiden Name *Mary Lostrey* Mother's Birthplace *Wet*

Name of person giving Information *Ellen E. Meyers* How related to deceased *wife*

CAUSES OF DEATH

Primary *Leukemia* How long *17 year.*

Immediate *Septic Pneumonia* How long *2 days.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

Morris A. Birch
Thurmont
Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full: *Julia Ann Miller*
 Town: *Hansowville* County: *Frederick* MARYLAND
 Died at: *Hansowville*
 Date of death: *1880* Month: *Jan'y.* Day: *21* ^{*5*}/_{*11*} Age: *79* Years: Months: Days: *12*
 Sex: *Female* Color or Race: *White* Birth-place: *md.*
 Occupation: *House Wife* Where Residing if not at place of death: *At place of death*
 Married, Single or Widowed: *Widow* Name of Wife or Husband: *John William Miller, Deed.*
 Father's Name: *John Brauer* Father's Birthplace: *Germany*
 Mother's Maiden Name: *Elizabeth Fogle* Mother's Birthplace: *md*
 Name of person giving Information: *John W. Brauer* How related to deceased: *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: *Paralysis* How long: *66*
 Immediata: *Convulsions* How long: *few years*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician: *S. J. Stacey, M.D.*
 Address: *Frederick Maryland*
 Accident or Suicida: *2*



Name
in
Full

Martina Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date of death 1900 Jan 27 Age 85 Months 4 Days 21

Sex Female Color or Race White Birthplace Missouri

Occupation Sister of Charity Religious Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Isadore Moore Father's Birthplace Unknown

Mother's Maiden Name Mary Joseph McDonnell Mother's Birthplace Unknown

Name of person giving Information Dr. Bernard Orendorf How related to deceased Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Decay How long one year

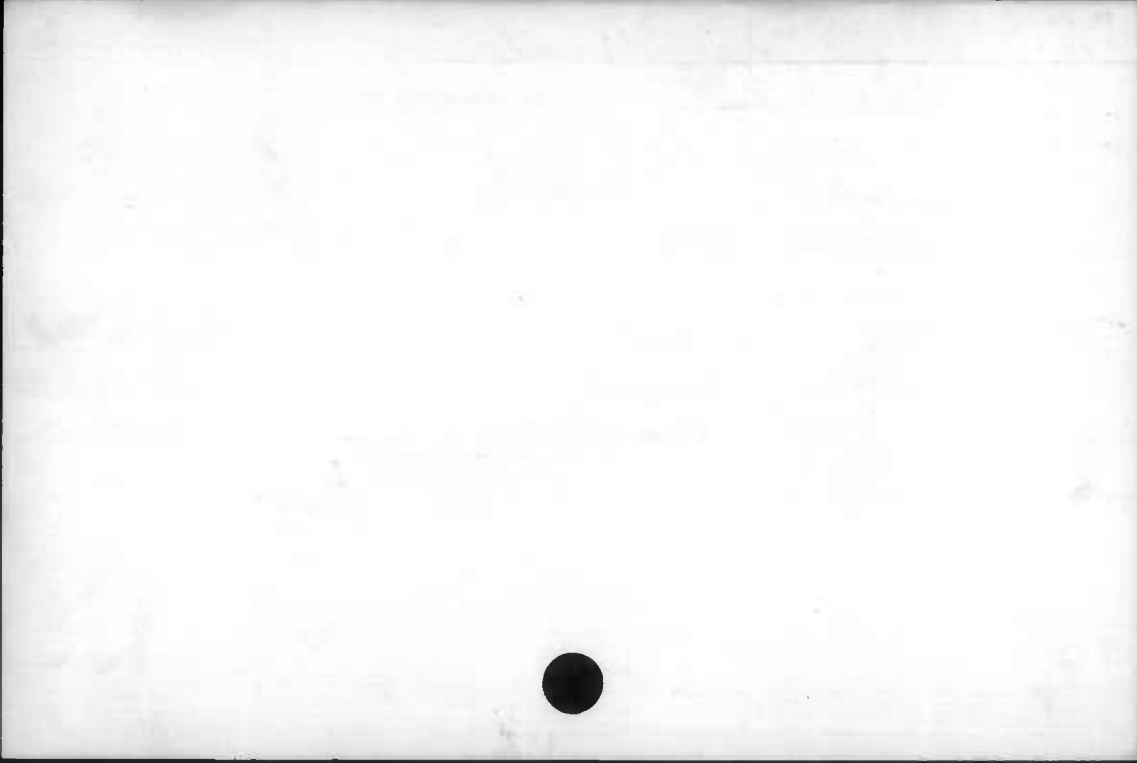
Immediate Lobes Pneumonia How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John B. Brown, M.D.

Address Emmitsburg

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virgie May Mosburg
 Town *Keim Kilm* County *Frederick*

MARYLAND

Died at *Keim Kilm* *Frederick*
 Date of death 19*40* Month *July* Day *10* Age *22* Months *1* Days *4*
 Sex *Female* Color or Race *White* Birth-place *Keim Kilm Md.*
 Occupation *Stenographer* Where Residing if not at place of death *At home*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Geo. J. Mosburg*

Father's Birthplace *Beth. Md.*

Mother's Maiden Name *Mary Cook*

Mother's Birthplace *Jefferson Md.*

Name of person giving Information *Mrs. Mosburg*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*

How long *7* *year.*

Immediate *Pneumonia*

How long *3* *days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. M. Smith
Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Hammou John A
Died at *Frederick Md* Town *Frederick* County

MARYLAND

Date of death *1910* Month *1* Day *1* Age *43* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *RR Engineer* Where Residing if not at place of death *Brownsville 48*

Married, Single or Widowed *Married* Name of Wife or Husband *Robert Hammon*

Father's Name *John Hammon* Father's Birthplace *Unknown*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Arthur Hammon* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Tuberculosis of both lungs* How long *Don't know*

Immediate *General Asthenia* How long *Don't know*

Are the name, age, sex, color, date and place correctly given above? *Yes*

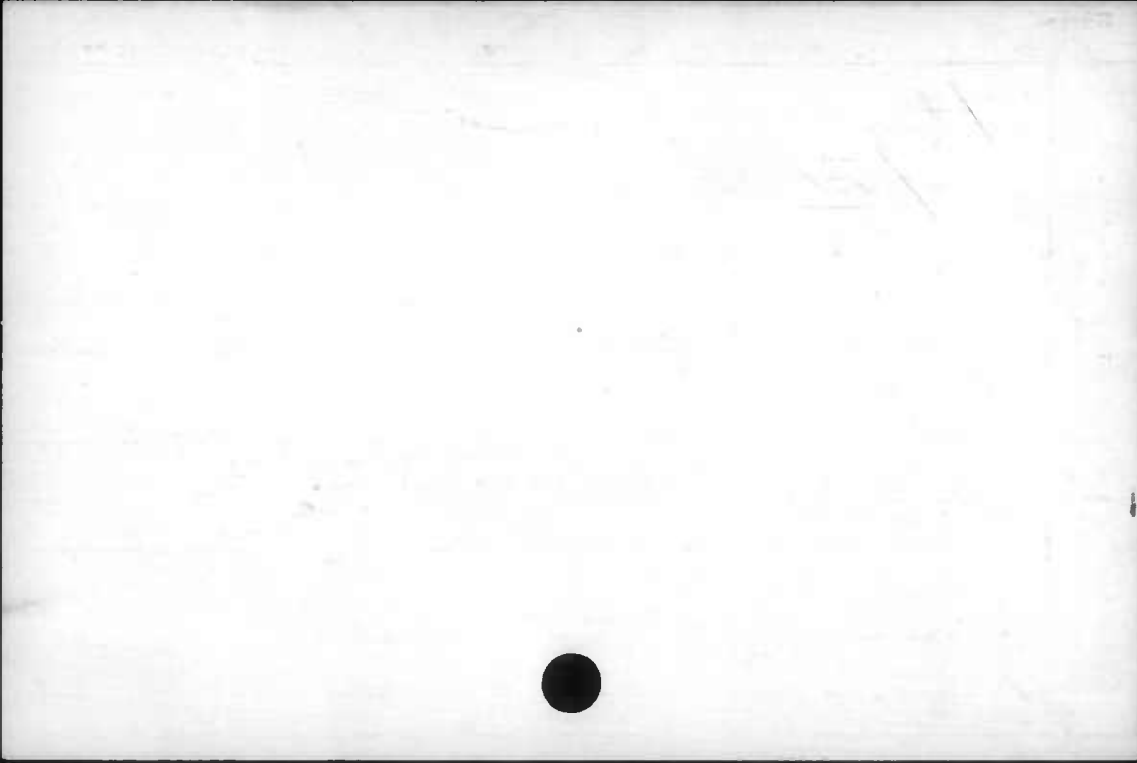
Signature of Physician *Henry P. Fahrney*

Address *Frederick Md*

Accident or Suicide

TO BE ANSWERED BY
NEXT FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lewis Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

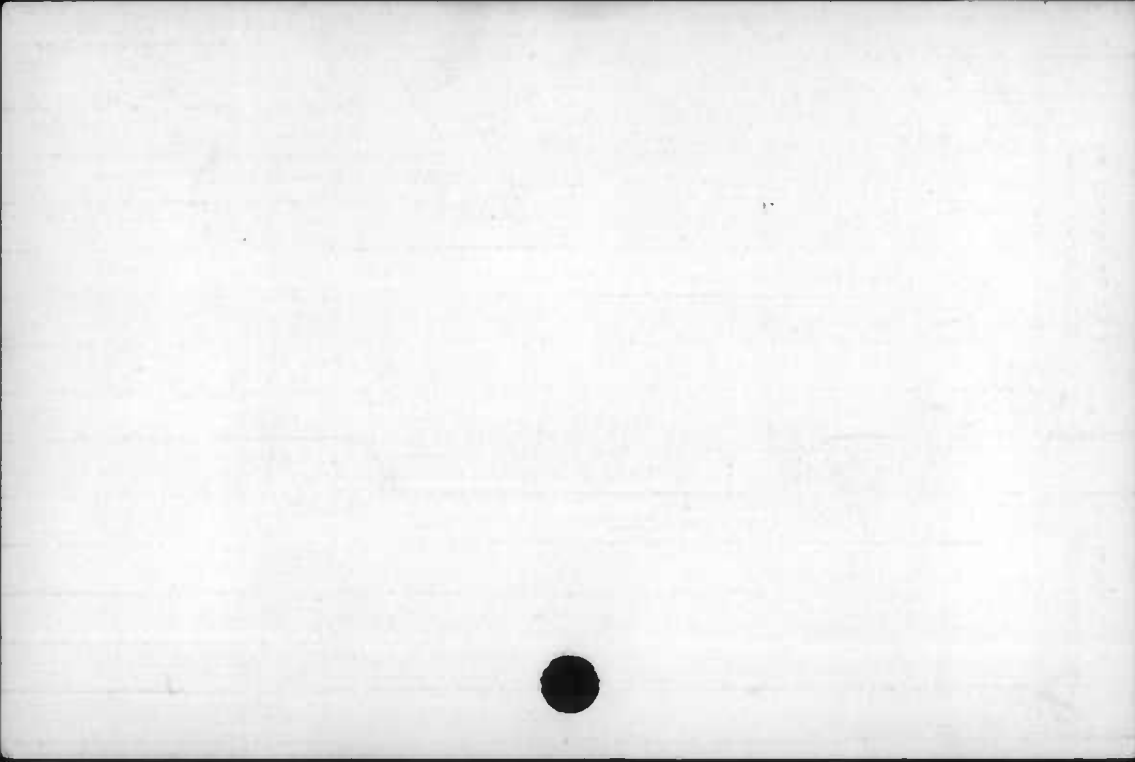
Died at <i>Mt. olive</i> Town		<i>Brederick</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>31</i>	Age <i>48</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>Preacher</i>		Where Residing if not at place of death <i>Mt olive</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Patterson</i>				
Father's Name <i>Benjamin Patterson</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Simpson</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>John Lowery</i>	How related to deceased <i>No</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long	<i>6 months</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William Heatty</i>	
<i>Yes.</i>		Address <i>New Windsor Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah E. Porter

Died at *Overfield* *Frederick* *MARYLAND*

Date of death 19*10* *Jan* *11* Age *61* *8* *19*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *Housewife* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *John M. Porter*

Father's Name *Joseph Davis* Father's Birthplace *Maryland*

Mother's Maiden Name *Lizzy Hippens* Mother's Birthplace *Maryland*

Name of person giving Information *John M. Porter* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hemiplegia* *2 years*

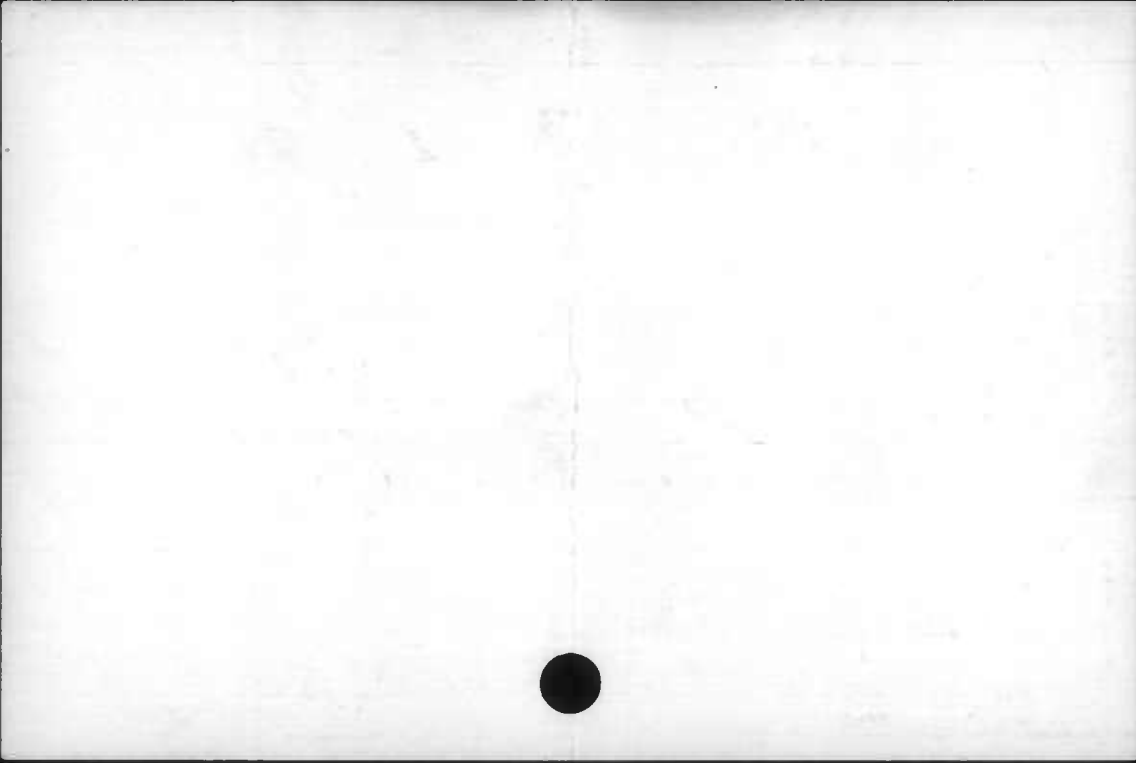
Immediate *Septicemia* *6 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. C. Refawer*

Address *Thurmont Md.*

Accident or Suicide *✓*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sabillasville* ^{Town} *Ford* ^{County} *MARYLAND*
 Date of death 19*40* ^{Month} *Jan* ^{Day} *3* Age *Still birth* ^{Years} *0* ^{Months} *0* ^{Days} *0*
 Sex *Male* Color or Race *White* Birth-place *same*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed *Still birth* Name of Wife or Husband *Still birth*
 Father's Name *John Poyner* Father's Birthplace *MD*
 Mother's Maiden Name *Bessie M. Gentry* Mother's Birthplace *MD*
 Name of person giving Information *Jess Poyner* How related to deceased *father*

CAUSES OF DEATH

Primary

Still birth

How long *X*

Immediate

How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Marion Bailey
Address *Thurmont MD*

Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDRobert *you*Died at *Frederick* Town

County

MARYLAND

Date
of death 19*80*

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide

How long

How long



Name
in
Full

William H. Robinson

CERTIFICATE OF DEATH

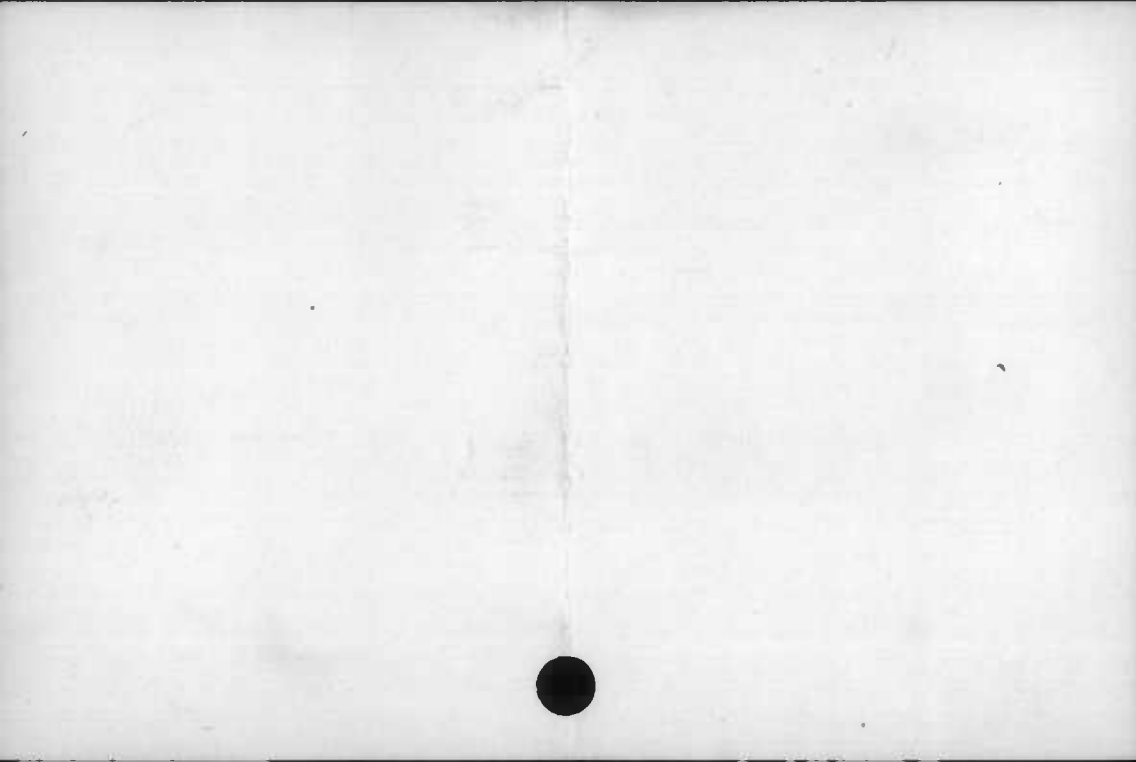
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Montervue</u> ^{Town} <u>Hospital</u> ^{County} <u>Frederick</u>		MARYLAND	
Date of death <u>1910</u>	<u>Jan.</u> ^{Month}	<u>10</u> ^{Day}	<u>Age</u> <u>25</u> ^{Years} <u>not know</u> ^{Months} <u>Days</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Do not know</u>	Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name <u>"</u>	<u>"</u>	<u>"</u>	Mother's Birthplace <u>"</u> <u>"</u> <u>"</u>
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthenic</u>	How long
Immediate <u>Debility of Age</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry J. Schreyer</u>
	Address <u>Frederick, Md.</u>
Accident or Suicide?	



Name
in
Full

Annie Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND

Date of death 1940 Month 1 Day 22 Age 50 Years Months — Days —

Sex Female Color or Race Black Birth-place Black Bottom

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Widowed Name of Wife or Husband Charles Rogers

Father's Name Loveless Dossey Father's Birthplace Maryland

Mother's Maiden Name Mary. Boyd Mother's Birthplace "

Name of person giving Information Mrs. W. H. Brown How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paresis How long Several yrs.

Immediate Exhaustion How long " months

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Ulysses G. Dourne MD Address Frederick Md

Accident or Suicide ~~~~~

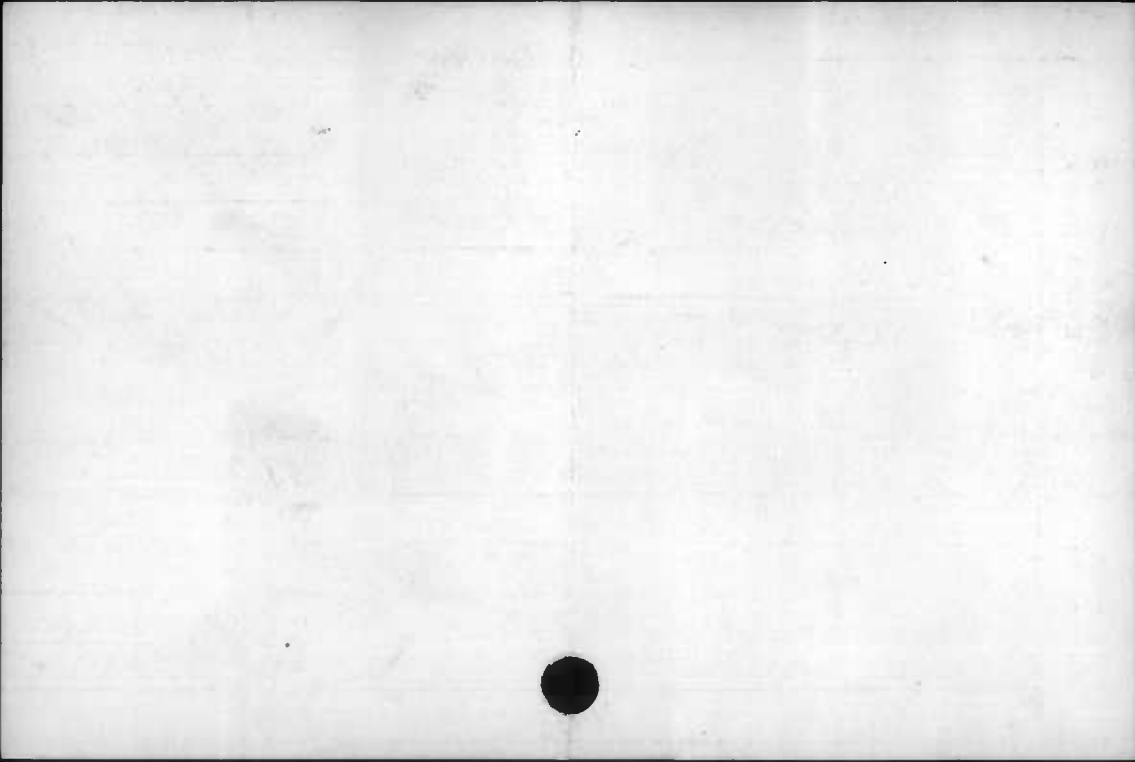
Interment Jan 24 1910
" at Greenmount Cem.
Thomas P. Rice F.D.

Dr. Bousne

Dr. McCreedy

Dr. Green

Name in Full John Rook		CERTIFICATE OF DEATH	
Died at Town Hummont		County Frederick	
Date of death 1900		MAYLAND	
Month 1		Day 31	
Age 78		Months 1	
Sex Male		Color or Race white	
Occupation retired		Birth-place Md	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Minerva A Rook	
Father's Name Jacob Rook		Father's Birthplace Md	
Mother's Maiden Name Mary Crebbs		Mother's Birthplace "	
Name of person giving information Chas Rook		How related to deceased Son	
CAUSES OF DEATH			
Primary Chronic Nephritis & Cardiac disease		How long 10 yrs	
Immediate Paralysis heart		How long 1 hr	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M A Bailey	
		Address Hummont Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Phunkles

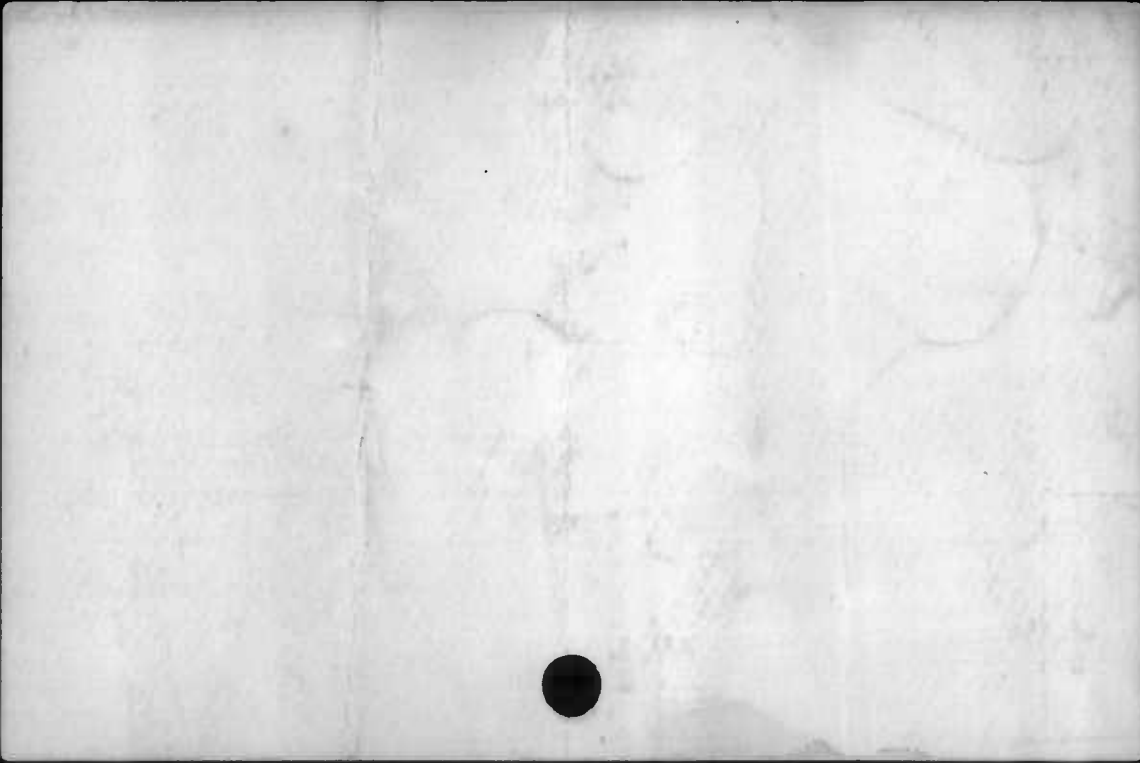
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Nottingham</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>June</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>near Nottingham Md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herbert Phunkles</i>			Father's Birthplace <i>Fredk Co Md</i>		
Mother's Maiden Name <i>Elaine May Snyder</i>			Mother's Birthplace <i>Fredk. Co. Md</i>		
Name of person giving information <i>Herbert Phunkles</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>(S) X</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Gaves</i>
<i>—</i>	Address <i>Nottingham Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Ellen C. Shank

CERTIFICATE OF DEATH

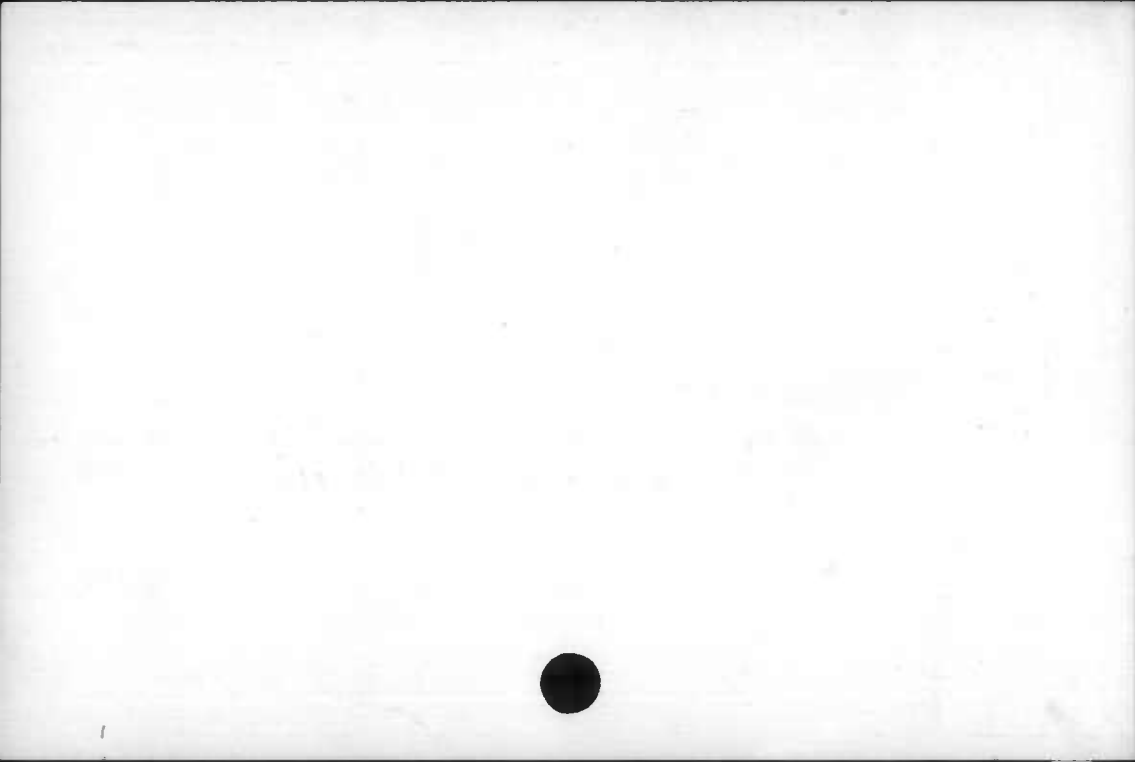
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Savilleville		County		Frederick		MARYLAND	
Date of death		1960	Month	Jan	Day	26	Age	Years	70
Sex		Female		Color or Race		White		Birthplace	
Occupation		None		Where Residing if not at place of death		at place of death			
Married, Single or Widowed		Name of Wife or Husband		Michael Shank					
Father's Name		Emanuel Eby				Father's Birthplace		Maryland	
Mother's Maiden Name		Catharine				Mother's Birthplace		Maryland	
Name of person giving Information		Roy Eby				How related to deceased		Nephew	

CAUSES OF DEATH

Primary	Bronchitis	How long	20 yrs
Immediate	Gen Debility	How long	3 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. L. Wachter	
		Address	
		Savilleville	
		Md	
Accident or Suicide			

PHYSICIAN
OR CORNER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hanora Meeady* Town *Emmitsburg* County *Fredrick* MARYLAND

Died at *Emmitsburg* *Fredrick*

Date of death *1940 Jan 30th* Age *41-* Months *5* Days *28*

Sex *Female* Color or Race *White* Birthplace *New York,*

Occupation *Sister in Charity Religious* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James Meeady* Father's Birthplace *Unknown*

Mother's Maiden Name *Margaret Meehan* Mother's Birthplace *Unknown*

Name of person giving Information *Dr Bernard Orendoff* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

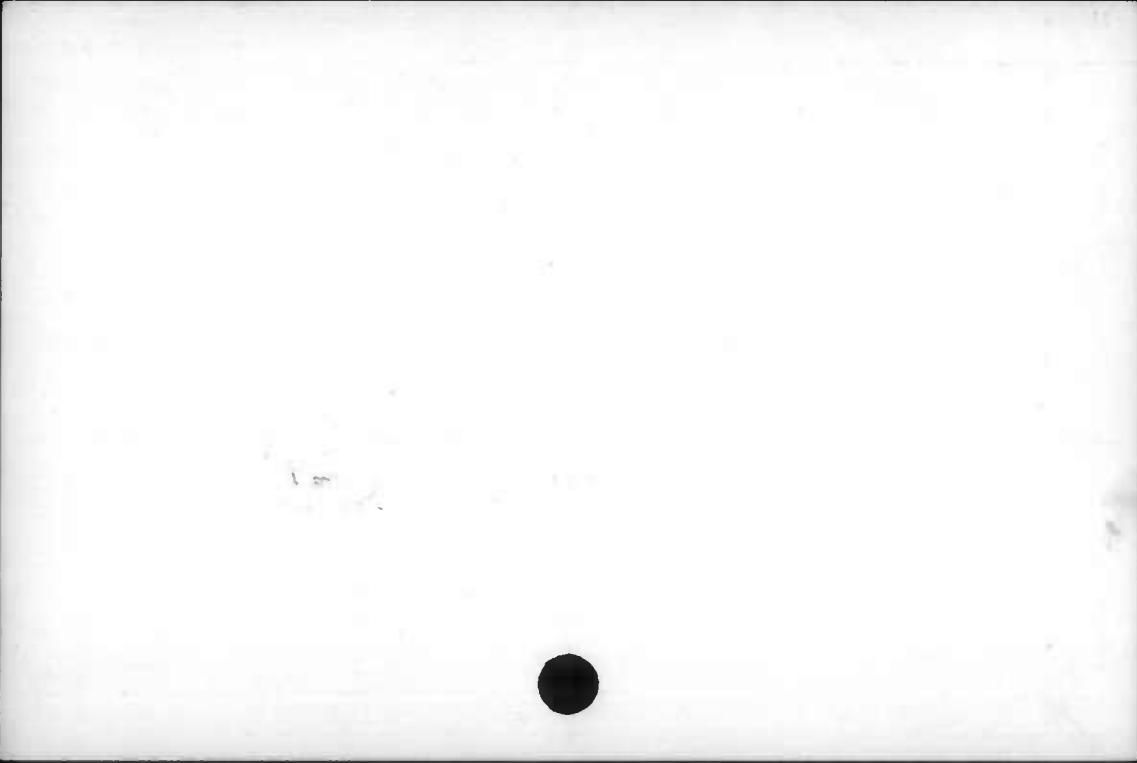
Primary *Pulmonary Tuberculosis* How long *3 1/2 years*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John B. Brown* Address *Emmitsburg*

Accident or Suicide



Name
in
Full

Amanda E. Siegler

CERTIFICATE OF DEATH

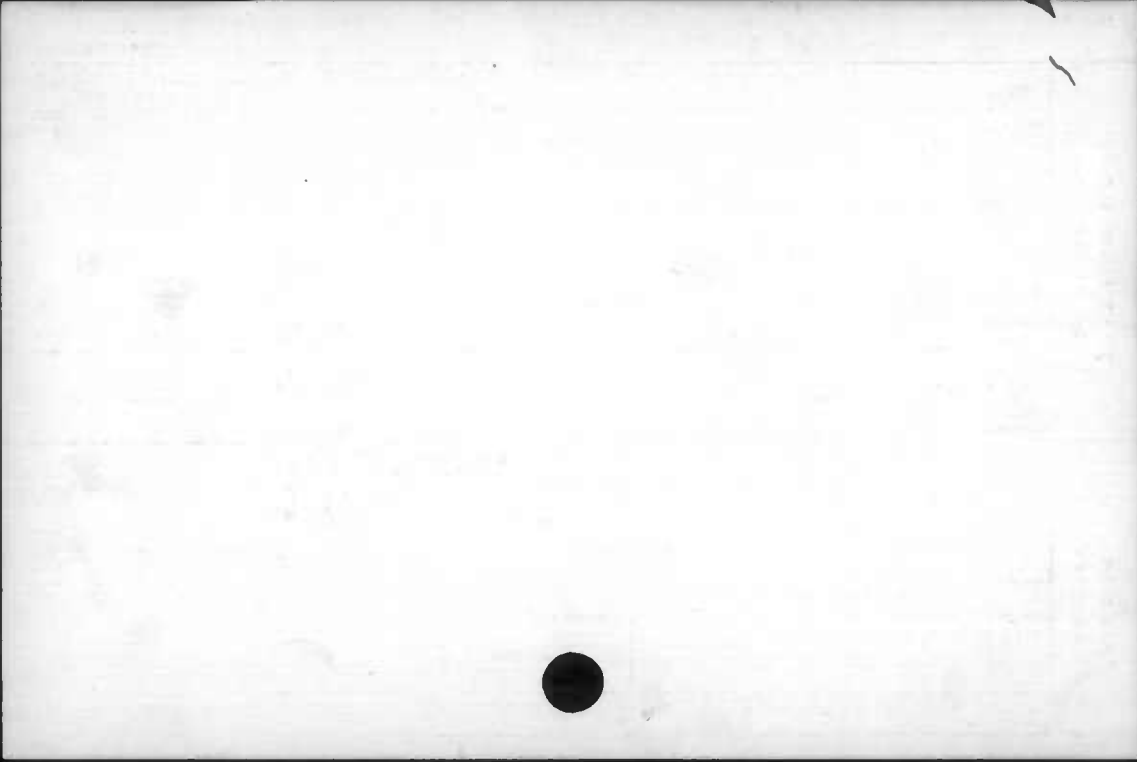
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Burkittsville* County *Fred* **MARYLAND**
 Date of death 19*60* Month *Jan.* Day *25* Age *63* Months *11* Days *13*
 Sex *Female* Color or Race *White* Birth-place *Fred. Co.*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband *William Siegler*
 Father's Name *David Selsem* Father's Birthplace *Fred. Co.*
 Mother's Maiden Name *Amanda Hurley* Mother's Birthplace *Fred. Co.*
 Name of person giving Information *William Siegler* How related to deceased *Son*

CAUSES OF DEATH

Primary *Gastritis* How long *104* X *One wk*
 Immediate *Exhaustion* How long *Immediate*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. J. [illegible]*
 Address *Burkittsville, Md*
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death

1940 Jan

Day
24Age
89Months
4Days
6

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Atch

Father's
Birthplace

Germany

Mother's
Maiden Name

- Mum

Mother's
Birthplace

Not known

Name of person giving
Information

John Jack

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

General Debility -
Exhaustion

How long

154 X
Fast

Immediate

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. P. Fehmy (MD)
Frederick, MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Susan A. H. Stup.
Near Town County

MARYLAND

Died at *Hobana*

Frederick

Date of death *1940*

Month *1*

Day *7*

Age *70*

Years

Months *1*

Days *0*

Sex

Female

Color or Race

White

Birth-place

Fridk Co Md

Occupation

House Wife

Where Residing if not at place of death

Same

Married, Single or Widowed

Married

Name of Wife or Husband

Emanuel Stup

Father's Name

Thomas Webster

Father's Birthplace

F. Co Md

Mother's Maiden Name

Leah Jacobs

Mother's Birthplace

" "

Name of person giving Information

Mr Webster

How related to deceased

Husband

CAUSES OF DEATH

Primary

Debility following Typhoid Fever

How long

3 mos

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D W Grodell

Address

*Frederick
Md*

Accident or Suicide

~~~~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Jan 9 1910
" at Mt Olivet Cemetery
Thomas P. Rice F.A.

Dr. Goodell
(Certificate
& Permit)

Dr. McGurdy.

Name
in
Full

Dr Charles Thomson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Frederick City		Frederick Co					
Date of death	19	Month	Day	Age	Years	Months	Days
1900	Jan	18		68		10	22
Sex	Male		Color or Race	White		Birth-place	Carroll Co
Occupation	m d		Where Residing if not at place of death		E Church St Frederick Md		
Married, Single or Widowed	Single		Name of Wife or Husband		Elizabeth Thomson		
Father's Name	James Thomson		Father's Birthplace		Carroll Co		
Mother's Maiden Name	Miss Ann Helleride		Mother's Birthplace		Carroll Co		
Name of person giving Information	Miss Thomson		How related to deceased		Daughter		

CAUSES OF DEATH

Primary	Sofar Pneumonia		How long	16 days.
Immediate	Heart failure		How long	1 day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Wm M. Smith
		Address		Frederick, Md.
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lewis F. Trachter of P

Died at *Mumtun Sal* Town *Trach* County

DATE of death 1900 / 1 / 8 Age 74 Months 10 Days 15

Sex *Male* Color or Race *White* Birth-place *Trach Co. Md*

Occupation *Farmer* Where Residing if not at place of death

Married, Single ~~as~~ Widowed Name of Wife or Husband

Father's Name *Philip Trachter* Father's Birthplace *Trach Co Md*

Mother's Maiden Name *Wick* Mother's Birthplace *" " "*

Name of person giving Information *The Undertaker* How related to deceased

CAUSES OF DEATH

Primary *General Debility* How long *1891*

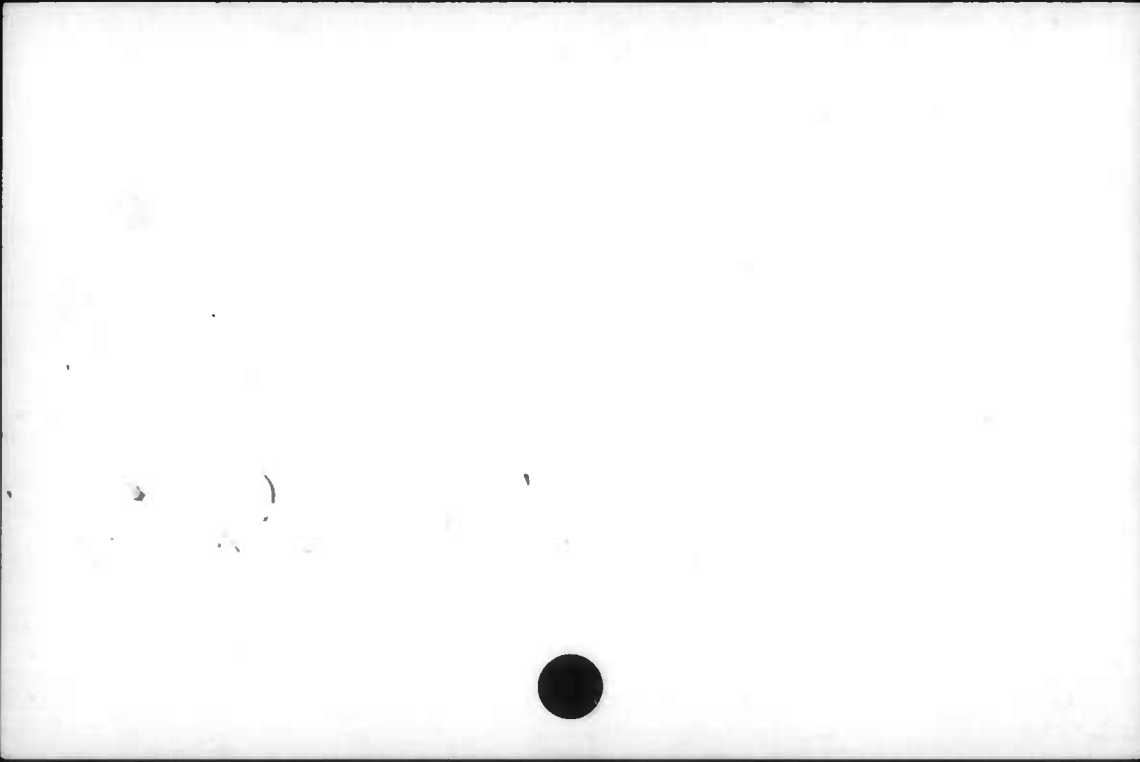
Immediate *Conjestion of lungs* How long *Two or three days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. S. Johnson* Address *Lewisston Md.*

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Mary Melvina Wallis

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Frederick

Frederick

Date

of death

1940 Jan

Month

Day

Age

Years

Months

Days

82

3

18

Sex

Female

Color or
Race

W-

Birth-
place

Md

Occupation

H.W.

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Joe Wallis

Father's
Name

Joe Ratzmow

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

—

Name of person giving
Information

Minnie Wallis

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Senile Debility -
Asthma

How long

154
6 mos

Immediate

How long

2 mos

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Dr. M. C. Cassidy
10 W. Patrick St

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Meredith L. Wausel

Town

County

MARYLAND

Died at Frederick

Frederick

Date
of death 1960

Month

1

Day

4

Age

Years

—

Months

3

Days

21

Sex

Male

Color or
Race

Black

Birth-
place

Frederick

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. J. Wausel

Father's
Birthplace

Frederick

Mother's
Maiden Name

Airie Roberts

Mother's
Birthplace

..

Name of person giving
Information

Mrs Wausel

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Heart failure

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. M. Smith.
Frederick Md.

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Jan 6 - 1910

" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr. Meredith Smith

ad McCurdy,



Name  
in  
Full

Lorisa (Nichols) Werner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                    |  |                                               |  |                       |  |             |  |
|----------------------------------------------------|--|-----------------------------------------------|--|-----------------------|--|-------------|--|
| Diad at                                            |  | Town<br>Frederick                             |  | County<br>Frederick   |  | MARYLAND    |  |
| Date of death 1980                                 |  | Month<br>July                                 |  | Day<br>19             |  | Age 88      |  |
| Sex<br>Female                                      |  | Color or Race<br>White                        |  | Birthplace<br>Germany |  | Months<br>6 |  |
| Occupation<br>none                                 |  | Where Residing if not at place of dasth       |  |                       |  |             |  |
| Married, Single<br>or Widowed                      |  | Name of Wife or Husband<br>Christopher Werner |  |                       |  |             |  |
| Father's Name<br>J. Adam Nichols                   |  | Father's Birthplace<br>Germany                |  |                       |  |             |  |
| Mother's Maiden Name<br>Ann E. Wentenow            |  | Mother's Birthplace<br>Germany                |  |                       |  |             |  |
| Name of person giving Information<br>A. L. Nichols |  | How related to deceased<br>Nephew             |  |                       |  |             |  |

## CAUSES OF DEATH

81

X

PHYSICIAN  
OR CORONER

|                                                                             |  |                                               |  |
|-----------------------------------------------------------------------------|--|-----------------------------------------------|--|
| Primary<br>Atherosclerosis                                                  |  | How long<br>?                                 |  |
| Immediate<br>Cerebral Aneurysm                                              |  | How long<br>12 days                           |  |
| Are the name, age, sex, color, data and place correctly given above?<br>Yes |  | Signature of Physician<br>Wm. Campbell Shuman |  |
| Address<br>Frederick, Md.                                                   |  |                                               |  |
| Accident or Suicide<br>no                                                   |  |                                               |  |

Interment Jan 22 1910  
" at Mount Olivet Cemetery  
Thomas P. Rice F.O.

Dr W. C. Johnson

Dr McBurdy

Name  
in  
Full

## CERTIFICATE OF DEATH

John Burr Whitelie

Town

County

MARYLAND

Died at

Unionville

Frederick

Date

of death 1900

Month

January

Day

25

Year

Age 33

Month

8

Day

12

Sex

Male

Color or  
Race

White

Birth-  
place

Unionville

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Norma Outley

Father's  
Name

John H. Whitelie

Father's  
Birthplace

Unionville

Mother's  
Maiden Name

Susan Barnes

Mother's  
Birthplace

Oak Orchard

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Suicide by hanging

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

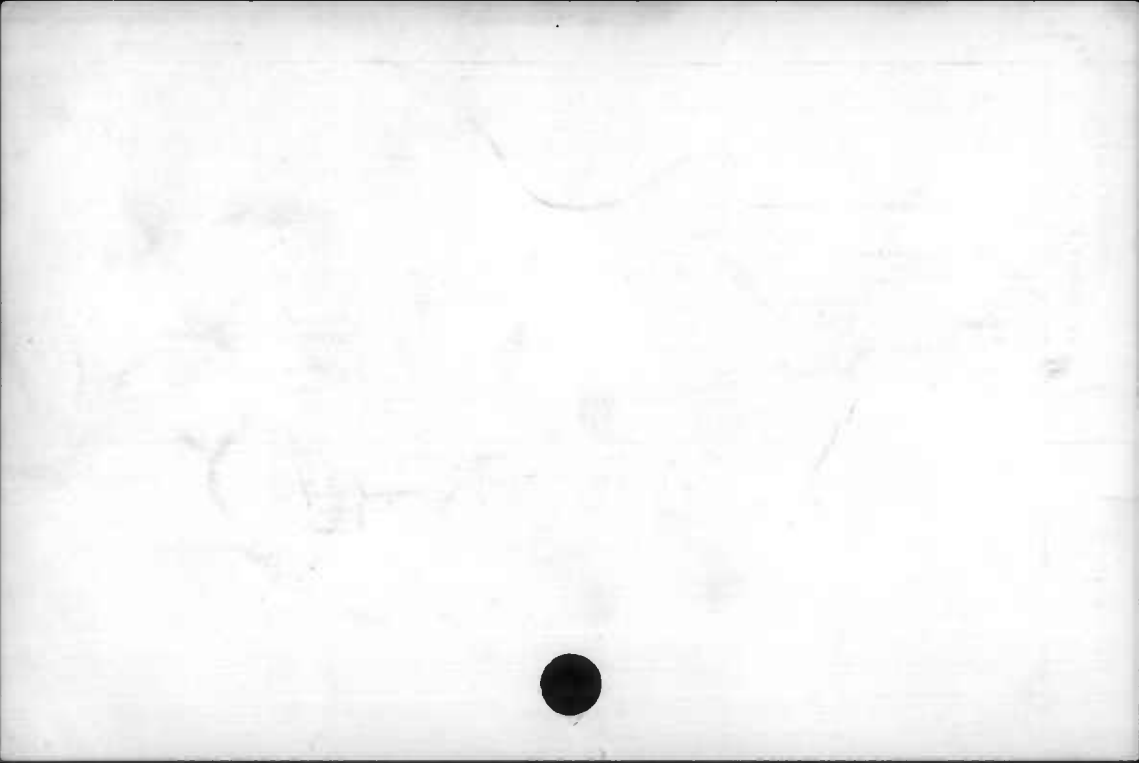
M. Whitelie

Address

Unionville Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Howard Curtis Younkino

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Middletown <sup>County</sup> Frederick MARYLAND

Date of death 1940 <sup>Month</sup> June <sup>Day</sup> 6 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 7 <sup>Days</sup> 6

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Lewis M Younkino Father's Birthplace Md

Mother's Maiden Name Lydia A Flook Mother's Birthplace Md

Name of person giving information Lydia A Flook How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Malnutrition How long 151 Burks

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? *yr*

Signature of Physician Geo. W. [Signature] Address [Signature] Md

Accident or Suicide?

